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CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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RESCHEDULE NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, January 10, 2006 has been rescheduled to Wednesday, January 18, 2006, 3:45 p.m.

An agenda for that meeting will follow.

For information please call the Commission Office at 554-2666.

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(Posted January 9, 2006)

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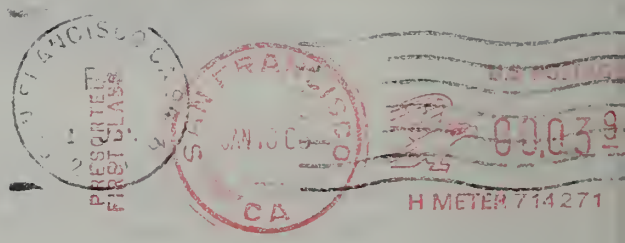

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, January 18, 2006*
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

***PLEASE NOTE THAT THE MEETING WAS RESCHEDULED FROM JANUARY 10TH**

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE NOVEMBER 8, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of November 8, 2005*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 8, 2005**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, January 18, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, President – left at 4:30 p.m.
Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Sharon Kotabe, Pharm. D., Kathy Jung, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 8, 2005 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 8, 2005 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, SFGH Hospital Administrator, presented the Hospital Administrator's Report.

PROGRAM UPDATES

Dr. Richard Coughlin - Humanitarian Award

The Humanitarian Award recognizes one fellow of the American Academy of Orthopaedic Surgeons who has distinguished himself or herself through outstanding musculoskeletal-related humanitarian related activities in the United States and abroad. Many nominations were submitted this year from more than 15,000 Academy members. Dr. Richard Coughlin was selected because of his strong history of leadership in volunteerism, both within this country and abroad. This award is well deserved and highlights a career of giving to the underserved. Dr. Coughlin has traveled on more than 20 medical missions with three different organizations on four continents, has provided vision and leadership in involving residents in volunteer missions that has culminated in our current overseas resident rotation, and has been active in local volunteer organizations. He continues to create new venues for humanitarian activities through the Global Health Institute and the Oberlin Dance Collective. Equally important, he has dedicated most of his professional career to the Orthopaedic Service at SFGH. Congratulations to Dr. Coughlin.

Retirement of Alison Moed, Director of Risk Management

Alison Moed, RN, MSN, retired January 6, 2006 after 25 years with the Department of Public Health. Alison's outstanding career at San Francisco General Hospital started on October 19, 1983 as a staff nurse on 5B, the AIDS Ward, and she was quickly promoted to 5B Nurse Manager in June 1984. Alison played a critical role in developing the unit with an international reputation for outstanding clinical care but just as important humane and sensitive care for many patients who were abandoned by and isolated from family and friends.

After completing her Master's degree, Alison returned to SFGH working in the Quality Management Department and in 1996 was selected as CHN Director of Risk Management. Alison was instrumental in starting a number of innovative programs including transitioning SFGH's Unusual Occurrence system from a paper-based system to a web-based system. Alison's clinical knowledge, her negotiations skills and her interpersonal skills have been of tremendous value to the City Attorney's Office to successfully manage liability cases for the Hospital. Congratulations to Alison on her retirement. She will be missed.

SFGH Foundation Heroes & Hearts Awards Luncheon

San Francisco General Hospital Foundation is delighted to announce *Heroes & Hearts*, a luncheon event honoring local heroes who help make San Francisco the first-class city it is. This first-annual luncheon will be held February 14, 2006 in Union Square. Our goal is to salute those within the community who have demonstrated exceptional and inspirational behavior, by honoring them and telling their stories. *Heroes & Hearts* is really two celebrations both for the benefit of San Francisco General Hospital Foundation. One event will spotlight community heroes, and one will continue the *Hearts in San Francisco* project by unveiling three new hearts in Union Square. These combined events are a unique hybrid of fund-raising, compassionate community involvement, and a positive nurturing of artistic expression. The three new hearts will tour the city, building pride and appreciation; delighting tourists and locals alike. In addition to the three hearts, 12 smaller table-top hearts will be unveiled at the luncheon, also designed and painted by prominent local artists and available for purchase.

Commissioners' Comments

- Commissioner Monfredini lauded Ms. Currin for her leadership during the CMS survey. and thanked all staff who participated for their efforts.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

12/05 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 10.8%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	12.31%	23.0 FTE	Includes new FY positions created from various business plan initiatives and RN contract negotiations; reqs released in 8/26. 5 new hires started Dec; 6 new hires to start in Jan.; 7 new hires to start in Feb. Interviews ongoing for Feb. Training Programs.
Critical Care (includes 4E/5E/5R)	11.11%	11.5 FTE	2 new hires started Dec.; two new hires to start Jan. Interviews ongoing for Feb. training program
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	9.51%	6.4 FTE	Includes new FY positions created from RN contract negotiations. 6 new hires identified for Feb. Training Programs.
Perioperative (includes OR/PACU/Surgi-center)	14.30%	7.4 FTE	Includes new position from 2005-2006 Business Plan. 1 re-hire started Dec; 5 new hires identified to start Feb. Periop. Training Program.
Emergency	13.57%	9.5 FTE	5 new hires to start Feb. Training Program.
Psychiatry (includes PES & acute inpatient units only)	9.33%	8.8 FTE	Includes new FY positions created from RN contract negotiations. Several new hires started Dec. Recruitment in process for Winter Training Program.
Behavioral Health Center	6.67%	1.0 FTE	Recruitment process is ongoing.
Clinics (includes Specialty clinics/ hosp.based Primary Care).	4.33%	2.6 FTE	Recruitment ongoing
TOTALS	**10.8%**	**70.2 FTE**	

SFGH RATIO STAFFING DATA, *By Number of Shifts*, 12/01/05 TO 12/31/05

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	2	0	0	0	0
Area unable to cover breaks	0	0	2	0	0	8	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0

RN INTERNSHIP PROGRAM

Planning has been completed for all program components for early 2006. A three-day RN Professional Role Training course for Nursing Leadership is scheduled for late January. Fifty charge nurses and preceptors will complete the Professional Role Training course in March. Fifteen SFGH nurses will be trained to teach the professional role course to SFGH RN staff. Thirteen new graduate RNs are being processed for hire to begin the Internship Program in February. Internship participants are scheduled to work in the Infant Care Center and in medical-surgical nursing.

RECRUITMENT

Activity has focused on the processing of new hires to begin training programs in February 2006. New graduate RNs are being hired into all specialty areas of nursing. Multiple inquiries are being received from student nurses regarding public service aide positions.

RETENTION

In December, the Nursing Scholarship Committee received applications for the Dorothy Washington Scholarship. Four recipients have been selected to receive the $2500 scholarship that will be announced at the February Nursing Executive Committee meeting.

Ms. Currin added that she is in the process of brining on 30 new RNs. Many nurses will be retiring this year, including a number of nurse managers.

Commissioners' Comments

- Commissioner Monfredini asked if there are qualified people at SFGH to replace the people who are leaving. Ms. Currin said she has succession plans for three of the six positions, so will need to do outreach for the other positions.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 3.55 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff, Sue Carlisle, M.D., UCSF Associate Dean, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Director of Facilities, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 8, 2005

Action Taken: The Committee approved the November 8, 2005 closed session minutes.

MEDICAL STAFF REPORT

Secretary's Note – no action taken.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the January Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The Committee reconvened in open session at 5:30 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 5:30

_____

Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 14, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JANUARY 18, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of January 18, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 18, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 14, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Umekubo called the meeting to order at 3:45 p.m.

Present: Commissioner John I. Umekubo, M.D., Member

Absent: Commissioner Lee Ann Monfredini, Chair

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Sharon Kotabe, Pharm. D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE JANUARY 18, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the January 18, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Hospital Administrator's Report.

PROGRAM UPDATES

Dr. William Schecter receives the "Pride in the Profession" Award from the AMA Foundation

Dr. William Schecter, Chief of Surgery at SFGH, is a recipient of the 2006 Pride in the Profession Award. Presented by the American Medical Association (AMA) Foundation, the award is made to four domestic physicians who aid in underserved populations in the United States. The AMA Foundation presents the award in association with the Pfizer Medical Humanities Initiative.

The award will be presented to Dr. Schecter on Sun, March 12, at the 2006 Excellence in Medicine Awards Ceremony preceding the National Advocacy Conference in Washington, DC.

Dr. Schecter is co-founder of Operation Access, in San Francisco, a nonprofit organization that provides donated ambulatory surgery care to low-income patients who are ineligible for health insurance. Operation Access has provided more than 1,850 free, low-risk outpatient operations to the uninsured in the San Francisco Bay area. Initially a partnership consisting of 15 medical volunteers, one hospital and seven clinics in San Francisco County, Operation Access has grown into an organization that includes more than 350 volunteer health care professionals who provide surgery at 16 participating hospitals in the Bay area. Patients are referred to Operation Access from more than 60 community clinics. Services have deterred more than $10.5 million in medical costs for uninsured patients, and the organization has donated medical services totaling more than $4 million.

The Pride in the Profession Awards were created by the AMA to honor physicians who, through their service, have brought a sense of pride to the medical profession and whose actions promote the art and science of medicine and the advancement of public health.

FY 2006-2007 Budget Supplemental

Mayor Newsom has submitted the revenue supplemental that includes additional one-time costs funded with Department of Public Health surplus revenues augmented with State Funding and additional General Funds that are also one-time in nature. The Health Commission approved an initial revenue supplemental appropriate of $10.26M on January 11th, which was later increased to include $2.4M for work orders and contract expenses. This has now been increased to fund $25M for the environmental impact report and design phase for the SFGH rebuild.

SFGH Rebuild Funding Update

In the past, the City has sent large construction projects to the voters for approval before any significant programming, design and planning work had been done. This planning work, which often takes 2-3 years on larger complex projects such as the SFGH rebuild, can accurately define the details of the project and refines the true costs of building the facility. By going to the voters before doing the planning work, the City has struggled with project budgets and cost estimates that often do not reflect the true cost of construction several years later.

Mayor Newsom intends to change this dynamic in the planning of city capital projects. The plan for the $25 million is to pre-fund, from the General Fund, this design and environmental work over the next two years, in order to send to the voters a better informed, accurate, and more defined project that will run less risk of unexpected costs and unpredicted inflation. When the bond measure

ultimately passes, the General Fund will be "repaid" for this investment and the funding will likely go into a revolving capital fund to pre-fund future city capital planning needs.

A significant benefit of pre-funding the $25 million is that the entire capital planning process moves the project forward by nearly one year, because the rebuild will not be waiting for the November ballot to have the funding it needs to do this important design and planning work. Furthermore, the resultant benefit downstream is that the sooner a project can get into the ground the less it will be impacted by other factors such as inflation and material costs. Finally, it allows the City time to push the State to provide funding for this project (through either bonds or reimbursement mechanisms), given that the legislature mandated this hospital upgrade without any state support.

Commissioners' Comments

- Commissioner Umekubo congratulated the San Francisco General Hospital Foundation for its lovely event. Commissioner Umekubo asked for an update on the helipad. Dr. Campbell said members of the medical staff have met with five members of the Board of Supervisors. About 50 community members are quite outspoken and organized to stop the helipad.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report. Ms. Currin said that 46 nurses have been hired over the past six weeks.

01/06 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 5.6%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	5.87%	10.5 FTE	Includes new FY positions created from various business plan initiatives and RN contract negotiations; reqs released in 8/26. 6 new hires to start in Jan.; 7 new hires to start in Feb. Interviews ongoing for Feb. Training Programs.
Critical Care (includes 4E/5E/5R)	7.34%	7.6 FTE	2 new hires to start Jan. Interviews ongoing for Feb. training program
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	2.82%	1.9 FTE	Includes new FY positions created from RN contract negotiations. 6 new hires identified for Feb. training Programs.

Perioperative (includes OR/PACU/Surgi-center)	4.63%	2.4 FTE	5 new hires identified to start Feb. Periop training program.
Emergency	7.29%	5.1 FTE	5 new hires to start Feb. training Program.
Psychiatry (includes PES & acute inpatient units only)	5.68%	5.3 FTE	Recruitment process is ongoing.
Behavioral Health Center	6.67%	1.0 FTE	Recruitment process is ongoing.
Clinics (includes Specialty clinics/ hosp.based Primary Care).	3.77%	2.2 FTE	Recruitment process is ongoing.
TOTALS	5.6%	36.0 FTE	

SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 01/01/06 to 01/31/06

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	2	0	0	2*	0
Area unable to cover breaks	0	0	1	0	0	9	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0

Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

- 01/15/06: 7A had 22 patients with 3 staff on night shift
- 01/16/06: 7A had 22 patients with 3 staff on night shift

RN Internship Program

- On January 26th and January 27th, fifty nursing leaders participated in the first two days of a three-day Professional Role Development Program conducted by Dr. Maria O'Rourke. The purpose of this workshop is to engage the Nursing Leadership Team (NLT) in a self-development program that provides them the opportunity to increase their own understanding of core content related to the professional RN role and its role based on statutes and regulations. The following are the key objectives:

    1. Describe the basis for clinical leadership's role accountability for monitoring and evaluating role and standards based practice within the care delivery system.
    2. Use the tenets of a profession, scope of practice within the care delivery system to help clarify professional RN role expectations and accountability.
    3. Clarify and support the professional RN role as a key decision maker on the interdisciplinary team based on a role and standards based approach.
    4. Delineate between professional and technical roles based on scope of practice and use that distinction to facilitate success of others and promote collaboration.
    5. Describe how the clinical leadership role can be used to uphold professional role competence and promote role and standards based practice.

  Participants will complete a self-evaluation of their development in the professional RN role prior to the next class scheduled for February 16th.

- All components of the Internship program are in place:

    1. Preceptor training was conducted on January 18th and January 31st.
    2. The first group of Enrichment participants completed their program in December 2005.
    3. Fourteen new graduates are scheduled to begin the program in February.

Recruitment

During the next couple of months, SFGHMC will participate in job fairs at the College of San Mateo and San Francisco State University.

Retention

- Planning for the May 4, 2006 Dorothy Washington Scholarship Fundraiser is underway.

- Daisy Cruz, RN in the 5C medical-surgical unit was recognized with a Daisy Award in January 2006. Ms. Cruz is a charge nurse and was acknowledged for her outstanding clinical skills, patient advocacy and dedication to her colleagues.
- Two Daisy awards are planned for February 13th.
- Five SFGH employees have graduated from the City College LVN program as participants in the Nursing Workforce Initiative program. SFGH will be offering positions to these employees.

Commissioners' Comments

- Commissioner Umekubo asked how the Daisy Award recipients are recognized. Ms. Currin said there is a surprise ceremony on the nursing unit. The person gets a framed certificate, a sculpture of a healer and some cinnabons (Cinnabon is one of the sponsors of the award.) In addition, all recipients are recognized during Nurse Week.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:05 p.m. Present in the closed session were Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff, Sue Carlisle, M.D., UCSF Associate Dean, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, Kathy Murphy, Deputy City Attorney, Anson Moon, SFGH Data, Iman Nazeeri-Simmons, Director of Administrative Operations, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 18, 2006

Action Taken: The Committee approved the January 18, 2006 closed session minutes.

MEDICAL STAFF REPORT

No action taken.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the February Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The Committee reconvened in open session at 4:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

_____

Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez,J r., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H.K atz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

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Web Site: http://www.sfdph.org

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 14, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE FEBRUARY 14, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of February 14, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 14, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Medical Director SFGH-QM
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR DISCUSSION: **DHS/CMS VALIDATION SURVEY RESPONSE**

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 11, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Valerie Inouye, Kathy Jung, Sharon Kotabe, Pharm. D., John Luce, M.D., Lawrence Marsco, Anson Moon, Kathy Murphy, Gene O'Connell, Dan Schwager and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE MARCH 14, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the March 14, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, San Francisco General Hospital, presented the Administrator's Report.

PROGRAM UPDATES

Rebuild Update

The Board of Supervisors has approved an initial $1.127 million that will used to begin establishing a rebuild project team. The Board has also indicated its support to pre-fund an additional $12 million in the 06/07 budget. These monies will be used to support the Mayor's proposal to conduct the necessary environmental reviews prior to placing a General Obligation Bond measure on the ballot. We will also be moving ahead with the program-planning phase of the project. The EIR and program plan are critical to determining the rebuild project budget and amount of the GO Bond. The immediate next steps are:

- Establish the initial project team
  - Hire a Project Manager
  - Identify resources from City Planning and the Department of Public Works that will be dedicated to the rebuild project
- Initiate program planning for the new hospital
- Develop RFQs including: EIR, Architectural and Engineering, Historical, Geotechnical, Hazardous Materials, Utility Survey consultants

Anshen and Allen is continuing to complete their assessment of proposed site of the new facility. This should be ready by mid-May.

Institute for Healthcare Improvement's "100,000 Lives Campaign" Site Visit

As a hospital participating in the Institute for Healthcare Improvement's (IHI) "100,000 Lives Campaign", SFGH hosted a team from IHI on March 28, 2006. The members of the team included Matt Louchheim, the IHI Field Coordinator for the Western United States; Carol Haraden, Vice President, IHI; and Sue Barlett, Director Quality Initiatives for the Hospital Council of Northern and Central California and Director of the Bay Area Patient Safety Collaborative. The purpose of the visit was to obtain an update about the three initiatives we are working on including where we have been successful and what challenges we have encountered. SFGH was also given the opportunity to request consultative advice from the three IHI experts.

Each of our three teams working on the various initiatives made presentations, including (1) AMI/Smoking Cessation co-chaired by Dr. Richard Fine and Margo Dextraze-Cordova, RN and staffed by Jorge Palacios and Sue Schwartz; (2) Medication Reconciliation, co-chaired by Dr. John Luce and Sharon Kotabe, PharmD and staffed by Suzanne Rosales; and (3) Medical Emergency Response Team, co-chaired by Leslie Dubbin, RN and Dr. Julin Tang, and staffed by Carol Bird.

An important component of the IHI philosophy is to identify outstanding practices and to share them with the other participants of the 100,000 Lives Campaign. The IHI team was impressed with what SFGH teams have accomplished.

Centers for Medicare/Medicaid (Medi-Cal) Services (CMS) Validation Survey update

In April 2005, SFGH went through a Joint Commission on Accreditation of Hospitals (JCAHO) survey with surveyors from JCAHO and the California Medical Association/ Institute for Medical Quality (IMQ). The California Department of Health Services (DHS or CADHS) elected not to send any surveyors. Therefore, SFGH was subject to a subsequent Medicare Validation Survey. SFGH passed the JCAHO/IMQ survey although it was issued several deficiencies, now called Recommendations for Improvement, or RFI.

On December 19, 2005, four surveyors from DHS-Daly City, at the direction of CMS, arrived to conduct a survey in response to a complaint. The surveyors indicated they would focus on four areas: Pharmacy, Quality Assurance or Performance Improvement and Patient Safety, Nursing, and the Governing Body. At the end of the fourth day (December 22, 2005), the DHS/CMS team conducted an exit conference issuing SFGH five deficiencies that were categorized as "Immediate Jeopardy" (IJ) that had to be corrected before the survey team would depart. In addition to the five IJ items, the Survey Team issued about 25-30 possible violations of the Medicare Conditions of Participation (COP) requirements. After a few hours, the Survey Team indicated that they were satisfied with the actions that were taken and left. Almost daily for the next ten days, at least one DHS surveyor returned. On January 2, 2006, the Immediate Jeopardy items were deemed to be abated.

SFGH was told to expect its final report, referred to as the 2567 report, within a couple of weeks. It was not until two months later, on March 1, 2006, that SFGH received the 2567 report along with a cover letter requiring the submission of a Plan of Correction (POC) within ten (10) working days. On March 15, 2006, after receiving a two-day extension, SFGH submitted the POC to DHS, CMS and JCAHO.

On March 27, 2006, SFGH received a letter from DHS indicating that the POC as submitted did not state how the deficiency will be corrected and compliance maintained for six of the identified deficiencies (A-tags) and that it did not describe the monitoring process to prevent future recurrences of the deficiency for six A-tags. SFGH had five (5) working days to respond. On April 3, 2006, the revised POC was resubmitted to DHS, CMS, and JCAHO. All twelve identified items were revised to address the issue(s) identified by DHS/CMS. As of April 10, 2006, SFGH has not heard whether the revised POC has been accepted.

Since the Governing Body was specifically mentioned as one of the primary areas that were not in compliance with the CMS COP, monthly updates will be presented at the SFGH JCC.

JCAHO Unannounced Visit

On March 23, 2006, JCAHO conducted a one-day unannounced 'For Cause' survey in response to DHS/CMS findings. Priority Focus Areas: were Communication, Staffing, Credentialing, and Medication Management. General Comments during the exit conference included:

- Staff and physicians are great
- You do excellent work with a very challenging population
- You can see the team work

On April 3, 2006, SFGH received the final RFI report, indicating four RFIs:

1. JCAHO Medication Management Standard 2.20 -- Medications are not properly and safely stored. EP 4 – Controlled substances are stored to prevent diversion and according to state and federal laws and regulations.
2. JCAHO Medication Management Standard 2.20 – Medications are not properly and safely stored. EP 5 – All expired, damaged, and/or contaminated medications are segregated until they are removed from the hospital.
3. JCAHO Standard UP 1 – The organization fulfills the expectations set forth in the Universal Protocol. Requirement 1B – Mark the operative site as described in the Universal Protocol

4. JCAHO Medication Management Standard 8.10 – The hospital evaluates its medication management system. EP 1 – The hospital evaluates its medication management system for risk points and identifies areas to improve safety.

Responses to each of the RFIs are due on May 18, 2006. As a result of the CMS findings and since three of the four JCAHO RFIs concern medication management, a multi-disciplinary team will be working on identifying systems issues that will address the findings in this report and the DHS/CMS 2567 report.

SFGH Participates in the Caesar Chavez Birthday Festival in the Mission

SFGH was invited by organizers of the Caesar Chavez Birthday Festival and Parade to participate in celebration activities held on Saturday April 2. SFGH sponsored a health care information booth at the community event, which was held from 11:00am – 5:00pm on the grounds of the Horace Mann Elementary School at 23rd St and Valencia. Posters were prepared in English and Spanish highlighting personal disaster preparedness and providing updated information on the medical helipad project. Healthcare literature featuring the helipad project, disaster preparedness checklists, emergency response map from the SFGH Foundation and self-care health information was available. The majority of these materials were also available in Spanish.

Participating SFGH staff included two native Spanish speakers - Ana Ghosh and Anna Cornejo - and Health Educator Amena Panni and Chris Wachsmuth, RN. There was quite a bit of interest in disaster preparedness and the medical helipad project. Most of the feedback about the medical helipad project was positive and there continues to be questions about noise, safety and effects on the neighborhood adjacent to SFGH. Overall, the SFGH team spoke directly to about 75 people and provided hundreds of pieces of literature. Due to on-going community interest in health care issues, Mr. Gene Royal, festival organizer, expressed interest in organizing a health pavilion for next year's Caesar Chavez celebrations that would include many healthcare providers dedicated to service in the Mission community.

Commissioners' Comments

- Commissioner Monfredini asked where the new pharmacy positions would be assigned. Dr. Kotabe replied that the new employees are slated for inpatient pharmacy services.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report (Attachment A).

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo (arrived at 4:25 p.m.), Andre Campbell, M.D., Chief of Staff, Sue Carlisle, M.D. (left at 4:35), UCSF Associate Dean, Sue Currin, R.N., Chief Nursing Officer, Kathy Jung, Associate Hospital Administrator, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, Lawrence Marsco, JCAHO/Reg. Affairs Mgr/Patient Safety Officer (left at 4:45 p.m.), Kathy Murphy, Deputy City Attorney, Anson Moon, SFGH Data, Gene O'Connell, SFGHMC Executive Administrator, Michelle Rubio, Credentialing Specialist, MSSD, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR DISCUSSION: DHS/CMS VALIDATION SURVEY RESPONSE

D) Reconvene in Open Session

The Committee reconvened in open session at 4:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:45 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff, Sue Currin, R.N., Chief Nursing Officer, Kathy Jung, Associate Hospital Administrator, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, Kathy Murphy, Deputy City Attorney, Anson Moon, SFGH Data, Gene O'Connell, SFGHMC Executive Administrator, Michelle Rubio, Credentialing Specialist,

MSSD, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 14, 2006

Action Taken: The Committee approved the March 14, 2006 closed session minutes.

MEDICAL STAFF REPORT

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the April Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The Committee reconvened in open session at 5:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 5:15 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, March 2006
Sue Currin, RN, MS, Chief Nursing Officer

1. **03/06 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 6.23%**

AREA	RN VACANCY RATE	NO. VACANT FTE	TRAINING PROGRAMS
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	1.84%	3.3 FTE	4 new hires in March; recruitment process ongoing.
Critical Care (includes 4E/5E/5R)	14.42%	15.0 FTE	New vacancies due to several resignations (relocation, return FT to school, reassignment, etc); recruitment process ongoing.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	2.38%	1.6 FTE	Recruitment process ongoing.
Perioperative (includes OR/PACU/Surgi-center)	3.67%	1.9 FTE	Anticipate 1 new hire in April; Recruitment process ongoing.
Emergency	8.57%	6.0 FTE	4 new hires for May TP and 1 reappointment anticipated.
Psychiatry (includes PES & acute inpatient units only)	11.22%	10.10 FTE	Recruitment process ongoing.
Behavioral Health Center	0.0%	0.0 FTE	No vacancies this report period
Clinics (includes Specialty clinics/ hosp.based Primary Care).	2.79%	1.6 FTE	Recruitment ongoing
TOTALS	**6.23%**	**39.5 FTE**	

2. **SFGH RATIO STAFFING DATA: (By Number of Shifts) from 3/01/06 TO 3/31/06**

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	2	0
Area unable to cover breaks	0	0	0	0	0	1	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. **RN Internship Program**

On April 4, 2006, fifty charge nurses and preceptors will complete day three of the RN Basic Role Development Program. Fifteen Educators, Clinical Nurse Specialist and Managers have started their training to enable them to be trainers for the RN role development series. The training group will develop a strategic plan for rollout of the information to the entire nursing organization.

4. **Recruitment**

Plans are in place for SFGHMC to participate in the Nurseweek job fair scheduled for 05/11/06 in Burlingame. Representatives from both the ED and critical care will join Gillian Otway/Nurse Recruiter, at the career fair.

5. **Retention**

Four Dorothy Washington Scholarships for baccalaureate and graduate level nursing education were awarded in February. The recipients were: Lawrence Marsco RN of Quality Improvement. Lawrence has worked at SFGH in the ICU and as Nurse Manager on Ward 86 and is pursing a master's degree. Jennie Farr RN on 4E/ICU is pursuing a graduate degree from UCSF as a clinical nurse specialist in critical care. Jennifer Ross in Eligibility is pursuing a BSN from Samuel Merit College and, Fatima Ascano-Martin RN on the 3M Clinic is enrolled at Dominican University for a master's degree in geriatric nursing. She has been with the City and County for fourteen years. These award recipients will be honored at the 05/04/06 fundraising gala at the Ritz Carlton. Preparations are on track for this fabulous event. Additionally, plans are being made for the 05/11/06 DPH celebration of Nurses Week at SFGHMC. The featured speaker will be Susan Hohenhaus RN - formerly of Duke University. Susan will speak on patient safety. A reception will be held in the late afternoon at which time, the O'Connell Society award and the Mildred Crear award will be presented.

Liza Fernandez of the Infant Care Center was awarded a DAISY award in March. Liza is a long-standing member of the nursing staff who nominated her for the outstanding care she provides to patients and their families. One particular family that Liza made a difference with had their son come visit her each year until he was five years old. Her work has had an extraordinary impact on her patients and their families.

Attachment A, p. 2

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 9, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE APRIL 11, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of April 11, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF APRIL 11, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS COMPLIANCE AUDITS**
Sue Currin, RN, MS, Chief Nursing Officer
John Luce, M.D., Chief Medical Officer
Andre Campbell, M.D., Chief of Staff
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation
The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

58

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

06

Tuesday, May 9, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m. Commissioner Monfredini noted that the June 13th and August 8th SFGH JCC meetings have been canceled.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, Kathy Jung, Sharon Kotabe, Pharm. D., John Luce, M.D., Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Roland Pickens, Dan Schwager and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE APRIL 11, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the April 11, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, San Francisco General Hospital, presented the Administrator's Report.

PROGRAM UPDATES

Retirement of Yone Higashigawa, Human Resources
Yone Higashigawa, Human Resources Operations Manager, retired on May 5, 2006. After almost 40 years of dedicated service to the City & County of San Francisco, Yone has retired from her position. Her career spanned City College, the Unified School District, and the Department of Public Health, which she faithfully served for 19 years. Congratulations to Yone on her retirement. She will be dearly missed.

Retirement of Suzanne Rosales, Quality Management
After 22 years of service at San Francisco General Hospital, Suzanne Rosales has retired. Suzanne began her career at SFGH in the respiratory nursing unit in the original (red brick) hospital. She has ended her career as a Quality Management Nurse Manager. During her time in Quality Management (QM), Suzanne played a key role in our Joint Commission surveys and was the QM liaison to Department of Nursing, Department of Pharmacy and various committees. Congratulations to Suzanne on her retirement. She will be dearly missed.

Blood Drive at SFGH
In association with the Blood Centers of the Pacific, formerly Irwin Memorial Blood Bank, San Francisco General Hospital conducted its Spring Blood Drive last Wednesday, May 2. Although many more people registered to donate; after screening, fourteen units of blood were collected. Ms. O'Connell thanked all those who participated in this most important community event.

Breastfeeding Fair and Bake Sale on May 9, 2006
San Francisco General Hospital is very pleased to announce that its efforts to become a Baby Friendly Certified Hospital are moving forward. This coveted accreditation from the WHO and UNICEF recognizes hospitals that give optimal levels of support to breastfeeding infants and their mothers. Assessors from Baby Friendly USA will be here to inspect the hospital on May 22 and 23. In order to prepare the entire hospital for the inspection, SFGH hosted a Breastfeeding Fair and Bake Sale on May 9, has created a Health Stream in-service for all hospital employees, and has a beautiful banner hanging in the hospital lobby.

SFGH Participates in City-wide Disaster Drill
On April 19th, SFGH participated in a functional disaster drill exercise as a part of the City-wide Disaster Drill. The hospital had nine volunteer patients who were EMT and paramedic students. We tested multiple objectives, including notification, activation, multi-agency communication and implementation of the hospital surge capacity plan. Overall the drill went very well. There were a few areas that were identified for performance improvement and trainings are currently being developed to address these areas. SFGH looks forward to the November exercise to further test its surge capacity.

DPH Sustainable and Healthy Foods policy
The Community Health Prevention & Promotion Unit of DPH will propose adoption of a Department-wide Sustainable and Healthy Foods policy for food offered at events and programs /services/ institutions. This would ask staff and our institutions to provide foods that support a healthy food system – for instance foods that are:

- from local farmers;
- organic where possible;

- support sustainable food production, processing and distribution;
- free of pesticides, and unnecessary antibiotics;
- comply with other relevant policies (green business, fair trade, organic) etc.;
- working conditions etc.

This is not just about individual health promotion, but about the fact that food plays a fundamental role in our local economy, environment, food security, community vitality and wellbeing. The policy is in alignment with the Fair Trade and Organics ordinances passed by the Board of Supervisors as well as the Precautionary Principle.

The policy has three components:
1. Food at events and programs:
   - DPH events, programs, institutions and services that provide refreshments will provide at least one nutritious and fresh food option including fruit and/or vegetables, and water and/or 100% fruit or vegetable juice at at least 90% of events.
   - SFDPH sponsored events, programs, institutions and services are encouraged to maximize foods from a healthy food system that meet a majority of the following criteria: produced locally, from family farms; organic; free of pesticides, genetically modified organisms and unnecessary antibiotics; fair trade; support sustainable food production, processing and distribution; meet animal welfare standards, prepared, minimally processed foods; and participate in SF green business and MBE/WBE/LBE.

2. Institutional food service:
SFDPH programs and services at institutions that provide food (to the general public and to clients) will develop a two to five year procurement plan that increasingly integrates sustainable food meeting criteria outlined in this policy and will report on implementation of the plan within one year and on a regular basis thereafter.

3. Contractors
DPH contractors will adhere to the DPH Sustainable Food Policy by July 2008.

Financial Update
The Committee discussed the financial implications of the quarterly financial report that was presented to the Health Commission at its last meeting.

Commissioners' Comments

- Commissioner Monfredini asked who made the decisions to transfer the victims of the recent ferry accident to the various hospitals. Ms. O'Connell said that the people were transported according to EMS policy, and five people came to SFGH.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

4/06 RN VACANCY RATE: Overall RN vacancy rate for areas reported is 7.0%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	4.4%	7.9 FTE	Several resignations; three new hires in April; recruitment process ongoing.
Critical Care (includes 4E/5E/5R)	17.20%	17.9 FTE	New vacancies due to several reassignments; recruitment process ongoing.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	3.86%	2.6 FTE	Recruitment process ongoing.
Perioperative (includes OR/PACU/Surgi-center)	3.72%	1.9 FTE	One reappointment in April; recruitment process ongoing.
Emergency	3.43%	2.4 FTE	4 new hires and one reappointment for May TP.
Psychiatry (includes PES & acute inpatient units only)	11.22%	10.10 FTE	Recruitment process ongoing.
Behavioral Health Center	0.0%	0.0 FTE	No vacancies this report period
Clinics (includes Specialty clinics/ hosp.based Primary Care).	2.79%	1.6 FTE	Recruitment ongoing
TOTALS	**7.0%**	**44.40 FTE**	

SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 04/01/06 to 04/30/06

		PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	1	0	0	1	0
Area unable to cover breaks	0	0	0	0	0	5	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

Retention & Recruitment

San Francisco General Hospital recently participated in the Chabot College Career Fair, which was attended by 50 students who will be graduating in May. New graduate interviewing is in process for all areas with vacancies. For some specialty areas, there are more interested applicants than open positions.

Moore Grant

Program components are proceeding for all areas. The first group of new graduate RNs hired in summer 2005 has successfully completed the Internship Program and will continue to receive mentoring through the program. Additionally, their competencies, satisfaction and confidence will be evaluated. New graduate group #2 began in February 2006 and is currently participating in training programs. Interviewing for summer 2006 hires will begin the week of May 8th. Fourteen medical-surgical nursing staff have begun the Enrichment Program which includes 64 hours of classroom learning, unit based clinical learning and an individualized learning plan. Finally, RN Role Development training was completed for 50 charge nurses and preceptors and 15 trainers are midway through their training course. The trainers will develop a strategic plan by June 7th for the rollout of professional RN Role Development to all San Francisco General Hospital RNs.

Dorothy Washington Scholarship Fundraiser

All preparations are in place for the Dorothy Washington Gala on May 4th. At present, 325 attendees are anticipated. Scholarships will be awarded to three nursing staff. District Attorney Kamala Harris is the keynote speaker for the evening. Sponsors for the event include: Siemens Medical Solutions, Tri-State Hospital Supply Corporation, the Gordon & Betty Moore Foundation, HRN Services, and ING Financial Advisors.

Bellevue Visit

On April 20th and 21st, the Chief Nursing Officer for Behavioral Health Services and two Nurse Managers from Bellevue Hospital in New York City visited the Department of Psychiatry at SFGHMC. Over the past ten years, Bellevue Hospital's Department of Psychiatry, a 300-bed department, has made significant progress toward implementing a department that is virtually seclusion and restraint free. The SFGHMC Staff invited their Bellevue Colleagues to a site visit to provide consultation to SFGHMC to move them towards a seclusion and restraint free environment. The consultation included a presentation on formal grand rounds, and a consultation with individual units, the Department of Psychiatry Medical Staff leadership, and Psychiatry Nursing Leadership. Ms. Currin said that she and Dr. Okin have already met to follow up to the site visit, and she looks forward to moving forward with some of the recommendations.

Nursing Leadership Council (NLC)

The Department of Public Health Integration Steering Committee (ISC) recommended forming a Nursing Advisory Committee to the ICS. The DPH Nursing Leadership Council was formed in 1997 and it was determined that the Nursing Leadership Council could provide the advisory function in lieu of creating a new committee. Sue Currin, SFGHMC Chief Nursing Officer, Mivic Hirose, LHH Chief Nursing Officer and Sharon Wicher, SFGHMC Director Psychiatry and Behavioral Health and Shiela Kerr, Primary Care Nursing Director and NLC Chair, met and reviewed the mission statement, philosophy, goals and by-laws: The Council is charged with the following tasks:

- Promote the mission and vision of the Department by providing leadership, communication, education and promotion of nursing throughout the Department of Public Health.
- To facilitate the integration of nursing care across the populations served.

The NLC members were very enthusiastic to begin working with Gene O'Connell in her role as advisor to the Council.

Commissioners' Comments

- Commissioner Monfredini asked if SFGH has received adequate applications for positions that will be open due to staff retirement and resignations. Ms. Currin replied that she has received more applications than she had positions. She could accommodate these, but she does not have the requisitions.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Andre Campbell, M.D., Chief of Staff, Sue Carlisle, M.D., SF Associate Dean (left at 4:30 p.m.), Sue Currin, R.N., Chief Nursing Officer, Kathy Jung, Associate Hospital Administrator, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Operations Director, Gene O'Connell, SFGHMC Executive Administrator, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF APRIL 11, 2006

Action Taken: The Committee approved the April 11, 2006 closed session minutes.

MEDICAL STAFF REPORT
Andre Campbell, M.D., Chief of Staff

CONSIDERATION OF CREDENTIALING MATTERS
Andre Campbell, M.D., Chief of Staff

Action Taken: The Committee approved the May Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT

CMS COMPLIANCE AUDITS

D) Reconvene in Open Session

The Committee reconvened in open session at 5:15 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 5:15 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Donald E. Tarver, II, M.D.
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CANCELLATION NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, June 13, 2006 has been canceled. The next SFGH Joint Conference Committee meeting will be Tuesday, July 11, 2006, 3:45 p.m.

An agenda for that meeting will follow.

For information please call the Commission Office at 554-2666.

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, July 12, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MAY 9, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of May 9, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF MAY 9, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an

elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

GOVERNMENT DOCUMENTS DEPT

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Tuesday, July 11, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m. Commissioner Monfredini noted that the June 13th and August 8th SFGH JCC meetings have been canceled.

Present: Commissioner Lee Ann Monfredini, Chair

Absent: Commissioner John I. Umekubo, M.D., Member

Staff: Andre Campbell, M.D., Sue Carlisle, M.D., Terry Dentoni, Delvecchio Finley, Myra Garcia, Kathy Jung, Sharon Kotabe, Pharm. D., John Luce, M.D., Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Gregg Sass, Dan Schwager and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE MAY 9, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the May 9, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, San Francisco General Hospital, presented the Administrator's Report.

PROGRAM UPDATES

Introducing Delvecchio Finley
Ms. O'Connell introduced SFGH's new Associate Administrator for Support Services, Delvecchio Finley. Delvecchio will assume the administrative responsibility for the following hospital departments: Environmental Services, Food Services, Environmental Health and Safety, Security, Disaster Preparedness, Messenger Service, Laundry and Linen Distribution and the Mail Room. Prior to accepting this position, Delvecchio was the Division Administrator for several UCSF medical divisions here at SFGH, including the Positive Health Program (HIV/AIDS), Occupational and Environmental Medicine, and Hematology/Oncology.

Delvecchio holds a Bachelor of Science degree in Chemistry from Emory University. He received his Master of Public Policy degree at Duke University, where he also attained Graduate Certification in Health Policy, Law, and Management. Mr. Finley is board certified in Healthcare Management and he is a Diplomat in the American College of Healthcare Executives (ACHE).

Mr. Finley holds several leadership roles in local and national professional organizations. Currently, he serves on the Regents Advisory Committee for the Northern California Regent of ACHE. He is also Secretary of the California Association of Healthcare Leaders (CAHL), and President-Elect of the Northern California chapter of the National Association of Health Services Executives (NAHSE).

Ms. O'Connell thanked Kathy Jung for carrying the double duty of covering for these areas as well as Facility Services. Now that the first phases of the hospital rebuild project have been funded and are getting underway, Kathy will take the lead for the Department of Public Health in directing these activities. This will be a major and time-consuming responsibility. She will also continue to have administrative responsibility for Facility Services, Bio-Medical Engineering, and Materials Management.

Ms. O'Connell is excited to have Delvecchio join the hospital's Executive Staff and look forward to having him as part of the team.

1,000,000 Avon Breast Center Grant
Since its inception in 2000 and original funding of over $5 million for the SFGHMC Campus, the Avon Comprehensive Breast Care Program (ACBCP) at San Francisco General Hospital Medical Center (SFGHMC) has striven to identify the most critical breast cancer needs of poor women in the City and County of San Francisco; to develop and implement core services to address those needs; and to become a national leader of innovative research in the care of underserved women. To this end, the Avon Foundation has renewed its support of the SFGHMC Comprehensive Breast Care Program by awarding a new $1Million gift for the period (October 2006 – September 2007) to continue and enhance services at SFGHMC.

Gene O'Connell elected Secretary of NAPH
At last month's annual National Association of Public Hospitals and Health Systems conference, Ms. O'Connell was elected by her peers to the Executive Committee position of Secretary. This is a great honor for Ms. O'Connell, as NAPH represents over 100 hospitals and health systems that together comprise the essential infrastructure of many of America's largest metropolitan health systems, including SFGHMC. Additionally, Ms. O'Connell remains a Board Member of NPHHI (National Public Health & Hospital Institute), which is the research arm of NAPH.

DHS/CMS Validation Survey
On June 26th, a DHS (Department of Health Services) survey team consisting of 2 RNs, one Pharmacist, and one physician, one fire marshal, and one medical records surveyors arrived unannounced at SFGHMC to conduct at CMS (Centers for Medicare/Medicaid Services) Validation Survey. This survey was to validate the plan of correction that was submitted for the December 2005 CMS survey. The duration of the survey was four days. At the summation conference the lead surveyor stated that three of the four areas identified in 2005 (leadership, quality management and nursing) were no longer a concern. However, according to the surveyors, medication management is still a concern. Another 2567 (Plan of Correction) is to follow.

FY 06-07 Budget Report – Presented by Gregg Sass

Mr. Sass presented an update on the FY 06-07 Budget. In addition to the changes the Mayor made to the Department budget, which totaled $30.2 million, the Board of Supervisors Budget Committee added back $9.8 million. For San Francisco General Hospital, the Board added back funds for the Workers' Compensation Clinic, Trauma Center wrap around services and the Health Access Program. SFHG received $11.9 million for SFGH rebuild planning and EIR, and funding for other capital projects and equipment. Ms. O'Connell said the UASI money funds a pharmacist and a technician that will be lost when the UASI funding ends. She will not be able to provide this service anymore.

Commissioners' Comments

- Commissioner Monfredini said she would represent the Health Commission on the Breast Cancer CAC, and asked Health Commission and SFGH staff to inform Priscilla Banks.

4) PATIENT CARE SERVICES REPORT

Terry Dentoni, Nursing Director, Perioperative Services, presented the Patient Care Services Report.

6/06 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 5.0%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	3.3%	5.9 FTE	2 new hires in June; recruitment process ongoing for July/Aug Training Programs.
Critical Care (includes 4E/5E/5R)	10.48%	10.9 FTE	Two reassignments and six new hires identified to start August TP. Recruitment process ongoing.

Perinatal (includes 6C Birth Center & 6H Infant Care Center)	0.0%	0.0 FTE	Interviews ongoing in antic. of additional positions in new FY budget.
Perioperative (includes OR/PACU/Surgi-center)	1.96%	1.0 FTE	Recruitment process ongoing.
Emergency	0.0%	0.0 FTE	Recruitment ongoing – candidates being screened for Aug/Sept TP.
Psychiatry (includes PES & acute inpatient units only)	10.28%	9.2 FTE	Recruitment process ongoing.
Behavioral Health Center	0.0%	0.0 FTE	No RN vacancies this report period
Clinics (includes Specialty clinics/ hosp.based Primary Care).	8.73%	5.1 FTE	New vacancies due to retirements and additional positions antic. in new FY budget.
TOTALS	5.0%	32.00 FTE	

SFGH Ratio Staffing Data: (By Number of Shifts) for the period of 06/01/06 to 06/30/06

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	2	0	0	1	0
Area unable to cover breaks	0	0	1	0	0	8	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	1	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

Recruitment

On track for summer hiring.

Retention
Two Daisy awards are planned for July. Nursing staff, including LVN and unlicensed staff, continue to seek opportunities for career advancement through additional schooling. RN programs in the Bay area continue to be impacted. Staff are directed toward tuition reimbursement opportunities and health profession education foundation scholarships.

Moore Grant
RN Internship Program: This three-year grant funded project is three months away from the completion of year two of the project. All program objectives have been met to date with the exception of mentor training. This is due to a change in the structure of the mentorship component, which has necessitated a need for fewer mentors than originally planned. Additionally, RN Professional Role training has been added to this project to strengthen the role competency of all the RN staff. The third group of new graduate RNs will begin the program in August as planned. This is the first cycle of new graduate hiring where there is more interest from candidates than available positions.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Monfredini, Andre Campbell, M.D., Chief of Staff, Sue Carlisle, M.D., SF Associate Dean, Terry Dentoni, Nursing Director, Perioperative Services, Delvecchio Finley, Associate Administrator for Support Services, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Associate Hospital Administrator, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, John Luce, M.D., Medical Director, Quality Improvement, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Operations Director, Gene O'Connell, SFGHMC Executive Administrator, Gregg Sass, DPH Chief Financial Officer, Dan Schwager, Director of Medical Staff Services, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MAY 9, 2006

Action Taken: The Committee approved the May 9, 2006 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee approved the proposed revisions to the SFGHMC Medical Staff Bylaws.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the May Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT

Mr. Tokubo submitted the PIPS report for June, as the SFGH JCC did not meet in June.

CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 5:05 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 5:05 p.m.

_____

Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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CANCELLATION NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, August 8, 2006 has been canceled.

For information please call the Commission Office at 554-2666.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, September 27, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D., Member

Staff: Sue Currin, Myra Garcia, Alan Gelb, M.D., Valerie Inouye, Kathy Jung, John Luce, M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Roland Pickens, Dan Schwager, Cathryn Thurow and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE JULY 11, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the July 11, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, San Francisco General Hospital, presented the Administrator's Report.

PROGRAM UPDATES

Town Hall Meeting
A town hall meeting will be held Thursday, October 5, 2006, 6:30pm at Carr Auditorium. The meeting, which will be conducted by Dr. Katz, is to update the community on current efforts related to rebuilding San Francisco General Hospital.

Recognition from Environment's City Government Recycling Program
The San Environment's City Government Recycling Program recognized San Francisco General Hospital for its efforts in waste diversion. Especially noted were the work of Francisco Saenz and Johnson Gong. The City's goal for waste diversion is 75%.

San Francisco General Hospital Foundation Staff Appreciation Lunch
The San Francisco General Hospital Foundation will be hosting its annual staff appreciation lunch this Friday, September 29. The lunch will begin at 11:30am.

LEFLE
Gene O'Connell was asked to present San Francisco General Hospital's unique approach in the Stanford's LEFLE (Leveraging Front Line Expertise) study at the LEFLE's August meeting session. The goal of the study is to increase patient safety by connecting hospital management team's ability to create change with the front line employee's expertise in delivering patient care. SFGHMC is one of 24 hospitals nationwide that is participating in this research study.

Patient Safety Officer Executive Development Program
Lawrence Marsco, Patient Safety Officer for SFGH and Gene O'Connell were awarded a scholarship to attend a Patient Safety Officer (PSO) Executive Development Program sponsored by the Institute of Healthcare Improvement. The PSO Executive Development Program's mission is to make care safer for hospitals by developing Patient Safety Officers and to provide the skills, practical tools and a community of practice to enable a PSO, together with their senior leaders, to develop and implement an organization-specific patient safety strategy. Safety principles discussed for senior leaders included development of a 'just culture', disclosure and transparency, reliability, and human factors. Mr. Marsco drafted a patient safety strategy action plan that he and Ms. O'Connell reviewed as part of the PSO Executive Development Program.

Sue Currin - MFAC Award
Ms. O'Connell announced that Sue Currin, RN, Chief Nursing Officer for San Francisco General Hospital, has been named as a recipient of this year's Municipal Fiscal Advisory Committee, (MFAC) 2006 Public Managerial Excellence Award. The MFAC Public Managerial Excellence Awards are dedicated to recognizing outstanding leadership, creativity, and managerial excellence in San Francisco government.

Sue was nominated for two key issues that she addressed this past year: the high patient census and the national nursing shortage. Sue developed nursing recruitment and retention strategies that helped to decrease nursing vacancies from 24% to 8 %. She also instituted the CA State AB394—the Nursing to Patient staffing ratios, which allowed for a significant decrease in the use of costly

overtime and outside agency nurses, as well as increased consistent quality of care. In addition, under Sue Currin's leadership, the Bed Utilization Committee and discharge rounds increased patient flow, resulting in a significant decrease in diversion and decertified bed days.

Stroke Centers Press Conference

A press conference was held at San Francisco General Hospital on September 5, 2006 to provide the public details about the City's hospitals coming on line as designated Stroke Centers, and the training currently being given to the City's paramedics, emergency personnel and dispatchers to support stoke patients and the hospitals who will receive them. Speakers included SFGH's Dr. J. Claude Hemphill, Dr. John Brown of SFDPH Emergency Medical Service, and Julia Buss, a stroke survivor. Other city hospitals, including CPMC and St. Mary's, sent representatives. Of note, within the next 12 months, San Francisco will be the first City in the nation that will have all of its receiving hospital systems designated as Stroke Centers.

Ms. O'Connell announced that Hiro Tokubo is retiring on November 2nd. Quality Management will be moved under Sue Currin. Ms. O'Connell also announced that Kathy Murphy will now oversee the Risk Management Department, in addition to her role as legal counsel and compliance officer. Both will be able to hire staff into vacant positions.

Commissioners' Comments

- Commissioner Monfredini applauded staff for responding to the mass casualty incident, particularly Dr. Gelb and the Emergency Department. She asked if the experience showed any weaknesses or gaps. Dr. Gelb said that the one weakness is communication, particularly not knowing how many patients are going to come to SFGH until they arrive. The ED staff prepared for 10 critical patients to be transported, but they only received two. Dr. Gelb commended the ED nursing staff for making the rooms available for incoming critical patients. Ms. O'Connell added that at the same time as the mass casualty incident, the ED was dealing with many other patients—a car crash, gun shot wounds, etc. This made it a little difficult to get information out immediately to the media about the status of the mass casualty incident victims.

4) PATIENT CARE SERVICES REPORT

Sue Currin, Chief Nursing Officer, presented the Patient Care Services Report.

8/06 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 9.3%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	4.54%	8.8 FTE	Recruitment process ongoing for Nov.Training Program; have identified 21 candidates for hire in antic. of 24.6 FTE funded eff 10/1.
Critical Care (includes 4E/5E/5R)	13.02%	13.6 FTE	Recruitment process ongoing for Nov. Training Program.

Perinatal (includes 6C Birth Center & 6H Infant Care Center)	1.1%	0.8 FTE	Have identified 5 candidates for hire in anticipation of 4.8 FTE funded eff 10/1.
Perioperative (includes OR/PACU/Surgi-center)	6.65%	3.5 FTE	Recruitment process ongoing for Winter Training program
Emergency	2.5%	1.8 FTE	Recruitment ongoing.
Psychiatry (includes PES & acute inpatient units only)	11.40%	10.2 FTE	Recruitment process ongoing.
Behavioral Health Center	0.0%	0.0 FTE	No RN vacancies this report period
Clinics (includes Specialty clinics/ hosp.based Primary Care).	10.51%	6.3 FTE	New vacancies due to retirements and additional positions antic. in new FY budget.
TOTALS	**9.3%**	**45.0 FTE**	

SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 08/01/06 to 08/31/06

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	0	0
Area unable to cover breaks	0	0	3	0	0	11	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	1	0	0	0	0

Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

Recruitment
On August 18th University of Santa Clara hosted a Nurseweek Career Fair. As a result of the Nurseweek fair we are currently pursuing applicant contacts.

Retention
Currently we are planning on awarding two DAISY awards for the month of September.

RN Internship Program
Eighteen new graduates were hired for the Internship Program. Two of the eighteen graduates did not successfully pass the NCLEX examination. These two graduates will not be hired until documentation that they have successfully passed the NCLEX examination is provided.

On 08/29/06, Nursing leadership held a strategic planning meeting to design a program for implementation of the RN professional role initiative. A plan was developed to have acute care areas link the education of RN staff with operational changes in each specialty area. The semi-annual progress report is due to the Moore Foundation on September 15, 2006.

Ms. Currin also presented an RN recruitment report (Attachment A).

Commissioners' Comments

- Commissioner Monfredini asked if there is any opportunity to extend the Moor Grant. Ms. Currin said that the current Moore Grant is for three years and will be ending. However, the Moore Foundation has offered to fund a different grant, and Ms. Currin will be submitting a grant application in the Spring.

- Commissioner Umekubo said that at St. Mary's, as nurses get older, acute care gets more difficult and they often transfer to other areas. Is this a problem at SFGH? Ms. Currin said that the oldest group of nurses is in the OR. In Med Surg and the ED, there are a lot of workers compensation claims. In the last round of negotiations, the hospital created a safe lifting team, which is there to help any staff safely move a patients.

5) SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER REBUILD UPDATE

Gene O'Connell and Kathy Jung presented an update on the SFGHMC rebuild project. Ms. O'Connell reminded the committee that SB 1953 requires the acute care hospital to be rebuilt by 2013 or closed by 2008. There have been a variety of planning efforts to analyze replacement alternatives. The City retained Anshen & Allen to undertake a site feasibility study to determine if a new hospital could be constructed on the west campus without demolition of any existing buildings. The study determined that this could be done. This would entail building a new hospital whose above ground bulk would provide 40 feet of separation between the red brick buildings and the new building and would not exceed the height limit. It would also improve ambulance circulation. The new building would have a large "super-floor" basement for diagnostic and

interventional functions to minimize the building height and maximize access to inexpensive building area. The new hospital can be constructed for $622 million. The FF&E budget is estimated at $158 million.

Commissioners' Comments

- Commissioner Umekubo asked if there would be a connection to the existing hospital. Ms. Jung replied that this has not yet been determined. There will be tunnels between the two buildings, and they are considering building connecting bridges. Commissioner Umekubo said this is a very exciting project and they are moving in a good direction.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Alan Gelb, M.D., Chief of Emergency Services, Valerie Inouye, CHN Chief Financial Officer, Kathy Jung, Associate Hospital Administrator, John Luce, M.D., Medical Director, Quality Improvement, Anson Moon, SFGH Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Gene O'Connell, SFGHMC Executive Administrator, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Cathryn Thurow, Director, Deans Office, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JULY 11, 2006

Action Taken: The Committee approved the July 11, 2006 closed session minutes.

MEDICAL STAFF REPORT

No action taken.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT

CMS VALIDATION SURVEY

Mr. Tokubo presented reports related to the CMS Re-Validation Survey. The committee reviewed and accepted the reports.

D) Reconvene in Open Session

The Committee reconvened in open session at 4:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 5:05 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment(s): 1

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

SFGH RN RECRUITMENT REPORT
7/1/05 through 8/14/06

1. ANALYSIS OF SFGH RN-2320 HIRES

- There are a total of 664 RN FTEs at SFGH. 141 Registered Nurses were hired in the twelve-month time frame from July 1, 2005 through August 14, 2006.
- The following is the breakdown of ethnicity for the 141 Registered Nurses hired:

	White	Black	Hispanic	Asian	Filipino	Native American
Number of RNs	44	13	16	26	40	2
Percentage of total hires	32%	9%	11%	18%	29%	1%

In California, the ethnicity of the RN population is not reflective of the overall state population. Blacks and Hispanics are underrepresented in the RN population. Although there have been increasing numbers of Black and Hispanic RNs in California within the last two years, each ethnic group only accounts for 4% of the total RN population. Whites still make up 79% of California RNs.

- San Francisco General Hospital has hired a higher percentage of Black, Hispanic and Asian RNs than is represented in the California RN population.
- San Francisco does have a slightly higher percentage of foreign educated RNs (8%) than other areas of the state except for Los Angeles where close to 20% of RNs are foreign trained. Filipinos constitute the largest ethnic group of foreign trained nurses in the United States (between 3% - 5%).
- SFGH vacancy rate varied from a low of 6.46% to a high of 11.78% during this time frame. In specialty areas such as the Emergency Department and Critical Care, vacancy rates have reached as high as 18%. Medical- surgical units gained an additional 15 RN positions during this time frame.
    - **Vacancy Rate**: The rate of vacant FTE's in the organization. (Total number of open FTE's during the quarter / Total number of vacant and filled FTE's) x 100 = Vacancy Rate
- Compared to statewide and national vacancy rates, SFGH is below average. (National vacancy rate by FTE 10.1% - State vacancy rate by FTE 15%)
- SFGH has also had a low turnover rate in the past year with an 8% rate compared to a 14% national average.
    - **Turnover Rate:** The rate at which employees are moving out of an organization. (Total number of separations during the quarter / Total number of employees (full and part-time) x 100 = Turnover Rate
- SFGH has a higher percentage of male RNs on staff, at 14% compared to a national figure of only 6% of nurses. For RNs hired during this time frame 107 are female; 32 are male.
- Age distribution of RNs hired during time frame:

Age	# RNs hired
20-29 years	36
30-39 years	48
40-49 years	25
50-59 years	6
60-69 years	1

This does not include data for 10 RNs hired in time frame.

New RN Hire Ethnicity by Specialty Area
Figures represent the total # RN hires/ % of RN hires for specialty

Specialty Area	White	Black	Hispanic	Asian	Filipino	Native Amer	Average age of hires	Gender	Vacancy High	Vacancy low	% total RN FTEs = 664
Med-Surg	10/ 15 %	3/ 4.6%	7/ 11%	11/ 17%	34/ 52%	0	36	73% F 27% M	13.6%	4.3%	26.9%
Critical Care	9/ 53%	1/ 5.9%	2/ 12%	3/ 17.6%	1/ 5.9%	1/ 5.9%	34	71% F 29% M	18.3%	12.1%	15.6%
Perinatal	3/ 25%	1/ 8.3%	3/ 25%	3/ 25%	2/ 16.6%	0	35.8	100% F	8%	0	10%
PeriOp	1/ 11%	3/ 33%	0	3/ 33%	2/ 22%	0	34.8	100% F	13.3%	3.7%	7.7%
ED	9/ 50%	2/ 11 %	4/ 22%	3/ 17 %	0	0	33.3	76% F 24% M	16.1%	0	10.5%
Ambulatory	4/ 100%	0	0	0	0	0	47	100% F	6%	2.8%	17 %
Diagnostics	1/ 50%	0	0	1/ 50%	0	0	28	50%F; 50% M			.7%
Psych	7/ 50%	3/ 21.4%	0	2 /14%	1/ 7.3%	1/7.3%	44	86% F 14% M	11.2%	8.2%	17.6%
Overall	44/32%	13/9%	16/11%	26/18%	40/29%	2/1%	36	70% F 30% M	11.8%	6.4%	100%

2. RN VISA APPLICANTS

- From January 2003 through August 2006, 62 visa applicants applied for an RN position at SFGH; 55 of these applicants were hired.
- Percent Hired of visa Applicant Pool:

Country	# RNs Visa Pool	% of Visa Pool
Brazil	1	1.8%
China	7	12.8%
India	1	1.8%
Israel	0	0%
Italy	1	1.8%
Japan	3	5.4%
Malaysia	1	1.8%
Nepal	1	1.8%
New Zealand	1	1.8%
Philippines	36	65.4%
Russia	2	3.6%
Spain	1	1.8%

3. RECRUITMENT

- Recruitment is conducted at job fairs including Nurseweek (which is the largest job fair in northern California) three times each year, and at the Advance job fair as well as at the job fairs at the schools of nursing including City College of San Francisco, San Francisco State University, University of San Francisco, Dominican University of San Rafael and Chabot College. In addition, nursing students who are present at SFGH for clinical placements often meet with nurse recruiters on their break time.

- Medical-surgical nursing has long been considered as an entry level into the profession of nursing. All schools of nursing focus on medical-surgical nursing care as the preparation for functioning as an RN. Med-surg is the foundation for many of the specialty areas of practice. All new graduates and most foreign graduates receive medical-surgical training that is appropriate for a job as an RN in med-surg at SFGH. This is not true for specialty areas of nursing such as the emergency department and critical care. Some schools provide no hands on or clinical practicums in these specialties. Additionally, some foreign schools of nursing do not prepare their graduates in these specialties and the differences between foreign hospitals and SFGH are too great for the foreign nurse to be competent in these specialties in an initial RN job in the US. This is true for the majority of RNs trained in the Philippines.

- In 2004 SFGH began the RN Internship Program to hire associate degree new graduate RNs. This three year grant is funded by the Gordon and Betty Moore Foundation. One of the program objectives is to increase the diversity of the RN staff at SFGH. The grant funds extended clinical training for 50 new graduate RNs over a three-year period.

RN Applicant Pool

Specialty area	Applicants	Failed qualifying exam	Number job offers	Hired
Med-Surg	103	14	86	71
Critical Care	45	21	24	17
Perinatal	20	7	12	12
PeriOperative	16	2	9	9
Emergency	29	2	25	18
Ambulatory	11	2	4	4
Psychiatry	19	1	18	14

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Department of Public Health
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 10, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE SEPTEMBER 27, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of September 27, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Sue Currin, R.N., M.S., Chief Nursing Officer, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION:** **1ST QUARTER FINANCIAL UPDATE**
(Valerie Inouye, CHN Chief Financial Officer)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 27, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that are within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, October 10, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair

Absent: Commissioner John I. Umekubo, M.D., Member

Staff: Sue Currin, Myra Garcia, Valerie Inouye, John Luce, M.D., Anson Moon, Kathy Murphy, Renee Navarro, M.D., Roland Pickens, Dan Schwager, Cathryn Thurow and Hiroshi Tokubo.

2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 27, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the September 27, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, Chief Nursing Officer, presented the Hospital Administrator's Report.

PROGRAM UPDATES

Town Hall Meeting
A town hall meeting was held Thursday, October 5, 2006, 6:30pm at Carr Auditorium. The meeting, conducted by Dr. Katz, updated the community on current efforts related to rebuilding San Francisco General Hospital.

Approximately 50 people attended, mostly immediate neighbors. Although the SFGH Rebuild project was well received, there were voiced concerns regarding the Helipad project. Dr. Katz made clear that the two projects – rebuilding the acute hospital building and the helipad - were two separate projects and not dependent on one another.

San Francisco General Hospital Foundation Staff Appreciation Lunch
The San Francisco General Hospital Foundation hosted a staff appreciation lunch Wednesday, September 27, 2006. Members of the Executive Staff served over 2,000 day shifts staff and 400 night shift staff.

SFGH Executive Staff Retreat
The San Francisco General Hospital Executive Staff met to review the hospital's accomplishments in FY2005-2006 and to begin the process for developing goals for FY 2006-2007. Although this year's goals have not been finalized, the Committee agreed that Patient Safety will be the number 1 goal. In addition, the Committee agreed to develop measurable objectives for each goal. We will be presenting our goals and the list of our accomplishments to this committee at the next meeting.

4) PATIENT CARE SERVICES REPORT

Sue Currin, Chief Nursing Officer, presented the Patient Care Services Report.

9/06 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 5.5%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	0.02%	3.3 FTE	Recruitment process ongoing for Nov.Training Program; have identified 23 candidates for hire in antic. of 24.6 FTE funded effective 10/1.
Critical Care (includes 4E/5E/5R)	12.35%	12.9 FTE	Recruitment process ongoing for Nov. Training Program.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	1.25%	0.9 FTE	Have identified 6 candidates for hire in anticipation of 4.8 FTE funded effective 10/1.

Perioperative (includes OR/PACU/Surgi-center)	7.03%	3.7 FTE	Recruitment process ongoing for Winter Training program
Emergency	0.57%	0.4 FTE	Recruitment ongoing.
Psychiatry (includes PES & acute inpatient units only)	7.49%	6.7 FTE	Recruitment process ongoing.
Behavioral Health Center	6.25%	1.0 FTE	No RN vacancies this report period
Clinics (includes Specialty clinics/ hosp.based Primary Care).	13.09%	8.1 FTE	New vacancies due to retirements and additional positions antic. in new FY budget.
TOTALS	5.5%	37.0 FTE	

SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 09/01/06 to 09/30/06

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	1	0	0	1	0
Area unable to cover breaks	0	0	1	0	0	4	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

RN Internship Program

Sixteen new graduates continue in their training programs. Thirty-eight staff RNs attended preceptor training in the month of September. The semi-annual grant report was sent to the Moore

Foundation on September 15, 2006. A meeting is being planned for mid-October to discuss the progress of the program for its first two years.

Recruitment
Eight-four candidates visited the SFGH booth at the Nurseweek Career Fair on October 3, 2006 held at the Oakland Marriot Hotel. Potential hires were identified for Psychiatry, Critical Care and Med-Surgical. The nurse managers will contact the potential candidates for interviews within the next two weeks.

Retention
Two DAISY awards were presented in the month of September 2006. Cora Cabangsagan RN from Unit 5C, was recognized for her expertise in cardiac care, her response in emergency situations and her compassion and advocacy with patients. Cora has worked at SFGH for 27 years. Mylene Espiritu RN has worked on unit 4D, the Surgical Trauma Unit for 14 years. She is an exemplary preceptor and a nursing expert in trauma care. She recently provided exceptional patient care to a 14-year-old trauma victim that resulted in a very positive patient outcome. Nursing students and new staff constantly ask to work with Mylene due to her wealth of knowledge and her skill as an educator and role model.

5) 1ST QUARTER FINANCIAL UPDATE

Valerie Inouye, CHN Chief Financial Officer, presented a 1st quarter financial update. Through six pay periods of the fical year, SFGH is running over budget in salaries and wages by $1,958,626. The breakdown of the negative variance is as follows:

Inpatient Volume	$1,015,088
One Time Payouts	$283, 061
Use of Sitters/Coaches	$539,022
Holiday Pay	$69,176
Other	$52,279

Inpatient Volume – The average daily census on the med/surg units has been running approximately 22 over budgeted volumes, three over on the critical care units and five over on the acute psych units.

One Time Payment – One time payouts, mostly retirement payouts, are not budgeted.

Use of Sitters/Coaches – Sitters and coaches are used in the nursing units for 1) patient safety (risk of falling, pulling tubes); 2) behavioral issues (suicide, assault and elopement risks) and 3) clinical reasons (traumatic brain injury patients requiring coaching to reorient, re-direct and rehabilitate). These costs are currently unbudgeted.

Holiday Pay – A structural budget initiative was done for the FY 07-08 budget to provide more funding for premium and holiday pay. When the calculations were done, a lower projected MOU increase was used compared to the actual MOU increases negotiated.

If volume remains constant, these amounts could project to an annual variance of approximately $7 to $8 million dollars.

6) **PUBLIC COMMENT**

None.

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:00 p.m. Present in the closed session were Commissioner Monfredini, Sue Currin, R.N., Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Valerie Inouye, CHN Chief Financial Officer, John Luce, M.D., Medical Director, Quality Improvement, Anson Moon, SFGH Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Renee Navarro, M.D., Anesthesiology, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Cathryn Thurow, Director, Deans Office, Hiroshi Tokubo, Director, Quality Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 27, 2006

Action Taken: The Committee approved the September 27, 2006 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee approved the reappointment of Dr. Walter Finkbeiner as Chief, Anatomic Pathology and Dr. Andrew Murr as Chief, Otolaryngology.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT

CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 4:45 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

_____

Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

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JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 15, 2006*
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

***PLEASE NOTE THAT THIS MEETING IS RESCHEDULED FROM NOVEMBER 14, 2006**

Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE OCTOBER 10, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of October 10, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Roland Pickens, Associate Hospital Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, Nursing Director, Perioperative Services)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 10, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

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Know Your Rights Under the Sunshine Ordinance

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 15, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner John I. Umekubo, M.D., Member

Absent: Commissioner Lee Ann Monfredini, Chair

Staff: Valerie Inouye, John Luce, M.D., Anson Moon, Kathy Murphy, Roland Pickens, Dan Schwager, Cathryn Thurow.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 10, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the October 10, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Program Updates:

Statewide Disaster Exercise

SFGH is participating in a Statewide Disaster Exercise today. The exercise started this morning at 5:15 am, and lasted until 1:00pm. A similar exercise will be conducted with the evening shift starting at 5:15pm. SFGH conducts these types of exercises several times a year, helping to maintain our readiness if such an event should ever occur.

DHS Validation Survey

On October 23, 2006, two DHS surveyors arrived unannounced to complete a validation survey of our June 2006 Plan of Correction. As yet, we have not received their report of the survey.

SFGH Annual Employee Recognition Banquet

The SFGH 26th Annual Employee Recognition Banquet was held Friday November 3, 2006. Staff with 10, 15, 20, 25, 30, 35, 40, and even 45 years of service were honored.
Of note was Ms. Marlis Tanner who was honored for 45 years of volunteer service.

Gene O'Connell proudly presented the 2006 Executive Administrator's Award for Outstanding Achievement to Amalia Fyles. Amalia has been at SFGH for 33 years, starting as a new RN graduate in one of the inpatient units, and is now a 'teacher' to patients, staff and providers in the Adult Medical Center. She is well known throughout the hospital and the community for her work with Diabetes Chronic Disease Management.

Amalia Fyles was selected (by Gene O'Connell) for the award because of her involvement in the community, representing the hospital and her profession on task forces, on professional boards, at local multi-cultural fairs, at events for her patients, and as a San Francisco State University lecturer for the Advance Practice Nursing Program. Her work on improving quality of care by improving documentation, by establishing curriculum, by working on special multi-cultural projects, and by authoring numerous profession publications did not go unnoticed. Amalia has been described by her co-workers as a team player and as a leader with an engaging personality. Amalia Fyles is truly an outstanding asset to SFGH.

Also honored at the banquet were the Adult Medical Center Charge Nurse Team, Maribel Amodo and Rosaly Ferrer; Emergency Department Eligibility Worker Monette Deberry, Lead Unit Clerk of the Women's Health Center, Rosana Lee; Social Security Benefits Eligibility Worker, Nancy Nakai; and Birthing Center Nurse Metia Reilly. These six people were selected by members of the Hospital's Management Forum Steering Committee, from over 40 nominations, as Outstanding Employees of the Year.

Senator Feinstein Supported Prop 86 at Press Conference

Senator Dianne Feinstein spoke in support of Proposition 86, the Tobacco Tax Initiative, at a press conference held last week at San Francisco General Hospital. Senator Feinstein requested the press conference to be held at SFGH because of the hospital's statewide reputation.

Best Practices and Achievements in Staff and Faculty Diversity Award

San Francisco General Hospital's Clinical Laboratory Department was recognized by UCSF Chancellor Mike Bishop for the "Best Practices and Achievements in Staff and Faculty Diversity Award". SFGH Clinical Laboratory Department is one of 79 administrative reporting units that are evaluated annually for achievements in staff and faculty diversity.

4) PATIENT CARE SERVICES REPORT

1. 10/06 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 6.5%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	.028%	5.9 FTE	Recruitment process ongoing for the Feb Training Program; completed hiring of 23 candidates with Nov/Dec start dates to be applied against the 24.6 FTE which was funded effective 10/1.
Critical Care (4E/5E/5R)	12.32%	13.0 FTE	Recruitment efforts are ongoing. Three new hires will start with the Nov Training Program; two new hires have been identified for the TP starting Jan 2007.
Perinatal (6C-Birth Center and 6H-Infant Care Center)	2.36%	1.7 FTE	Five new hires starting November against will be applied against the 4.8 FTE funded effective 10/1; a 6th new hire will start in Dec. once they receive their CA RN license.
Perioperative (OR/PACU/Surgi-center)	8.55%	4.5 FTE	Recruitment process ongoing for the Winter Training program.
Emergency	1.84%	1.3 FTE	Recruitment efforts are ongoing.
Psychiatry (PES & acute inpatient units only)	9.779%	8.6 FTE	Recruitment process ongoing.
Behavioral Health Center	6.25%	1.0 FTE	Recruitment efforts are ongoing
Clinics (includes Specialty clinics/ hosp.based Primary Care).	12.81%	7.7 FTE	New vacancies due to retirements and additional positions projected in the new FY budget.
TOTALS	**6.5%**	**30.7 FTE**	

2. **SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 10/01/06 to 10/31/06**

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	1	0	0	1	0
Area unable to cover breaks	0	0	1	0	0	15	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. **Moore Grant**

On October 2006, Maria O'Rourke completed the presentation of the third training session of the RN Professional Role to 50 staff nurses. A total of 150 managers and staff have completed the class. Staff members trained by Maria O'Rourke are now conducting monthly classes on the RN Professional Role.

4. **Recruitment**

The Nurse Recruiter will be attending the City College Job Fair on November 17th. This job fair has been a key source of recruits for the Moore Grant Intern Training Program.

5. **Retention**

Applications were received for the Dorothy Washington Scholarship Award; four scholarships will be awarded to support staff attending Baccalaureate and Masters Degree Programs in Nursing.

6. SFGHMC Presentation at the American Public Health Association (APHA) 11/04 – 11/09/06

Gloria Garcia-Orme, RN, MS, Director of Operations for Primary Care and Patient Relations (Patient Advocacy, Patient Referral and Interpretive Services) will be presenting the Videoconference Medical Interpretation Project at the Scientific Session and Event Listing at the American Public Health Association Conference (APHA) in Boston, MA. The focus of the presentation is to show how a shared technological innovation can foster inter-organizational relationships.

In 2002, Alameda County Medical Center (ACMC) and San Francisco General Hospital (SFGH) started collaborating to introduce medical interpretive services via mobile, videoconference units on a wide-scale, routine basis. In 2006, the two medical centers began exchanging interpreter services via videoconference transmissions. The innovation has been successful with over 10,000 successful transmissions. Both ACMC and SFGH are public health "safety net" and trauma centers in their respective counties. The pressure of operating and sustaining the services of each system separately is considerable. As a result, the experience and mechanisms for long-term, focused collaboration and detailed coordination of services between the separate county systems is relatively underdeveloped.

The Videoconference Medical Interpretation (VMI) collaboration has provided opportunities to address numerous aspects of inter-organizational relationships. This has included: 1) Establishing a Joint Oversight Committee for planning and coordination of shared resources, 2) Developing common database programs for recording and tracking interpretation requests and services, 3) Establishing common competency and training requirements for interpreter staff at each medical center, 4) Designing a mutual reporting and invoicing system that monitors the exchange of interpreter services between the two systems.

7. Reducing Hours of Operation for the Children's Health Center (6M)

The proposed 6M urgent care plan of reducing hours on the weekends is scheduled to proceed with a planned implementation date of 11/18/06. Due to low patient volume in 6M on weekends and holidays, changes in the hours of operation of the Children's Health Center were proposed. Currently, the CHC is open from 7:30am until 11:00pm, 7 days per week. The following changes to the schedule are now proposed.

Hours of Operation:

Weekdays: 7:30am-11:00pm (no change)
Weekends: 11:00am-11:00pm
Holidays: 11:00am-11:00pm, except for New Year's Day which will be open from 7:30am-11:00pm

5) PUBLIC COMMENT

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 10, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

_____
Michele M. Seaton
Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

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Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

.458
12/06

Tuesday, December 12, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A1
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE NOVEMBER 11, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of November 11, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 11, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, December 12, 2006
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:49 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D., Member

Staff: Gene Marie O'Connell, John Luce, M.D., Anson Moon, Kathy Murphy, Roland Pickens, Dan Schwager, Terry Dentoni, Delvecchio Finley, Myra Garcia, Kathy Jeung,

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 15, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 15, 2006 San Francisco General Hospital Joint Conference Committee with the following changes: Terry Dentoni gave the Hospital Administrator's Report and Delvecchio Finley was present.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene Marie O'Connell, Hospital Administrator gave an overview of the presentation to be presented to the full board in lieu of the Hospital Administrator's Report. Ms. O'Connell stated the following changes to the original format of the annual report would be made:

1. SFGH no longer has to present the competency report to the full commission, but will present it anyway due to Commission interest sometime next year.
2. Utilization review program will need to be approved.
3. The new format of the report will be taking one patient through the system and highlighting the patient safety system, which is similar to a JCHO presentation. As a note, there are many patient safety systems that will not be presented at this time as they were either not relevant to the patient circumstances or have already been presented to the Commission.
4. Staff will also be answering questions regarding the report.
5. Staff will also be presenting the patient safety system measures that are reported to outside regulatory bodies.
6. Also present in the report are the goals and objectives as met by SFGH.

- Commissioner Monfredini stated that people come to the table to work with Gene O'Connell because shows great respect for the people on her team. She also stated she liked to see the exceeded net revenue by $19 million and increased cash collections by 3% collection as stated in the report.
- Commissioner Umekubo stated that he was impressed with the report even though he has seen the data before; it is even more impressive when compiled.

4) PATIENT CARE SERVICES REPORT

Teri Dentoni, Nursing Supervisor, presented the Patient Care Services report.

1. 11/06 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 5.3%.

Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	.004%	0.9 FTE	Recruitment process ongoing for February Training Program; antic. twelve vacancies by Jan. 2007 secondary to resignation, reassignments to Training Programs.
Critical Care (includes 4E/5E/5R)	8.83%	9.2 FTE	Two new hires identified for Jan TP; two new hires of exp. RNs, recruitment ongoing.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	2.22%	1.6 FTE	1 new hire to start in Dec. once Calif. RN license issued.
Perioperative (includes OR/PACU/Surgi-center)	10.07%	5.4 FTE	Recruitment process ongoing for Winter Training program
Emergency	9.95%	4.9 FTE	Recruitment ongoing; candidates interviewed for Jan/Feb Training Program.
Psychiatry (includes PES & acute inpatient units only)	7.5%	6.6 FTE	Recruitment process ongoing.
Behavioral Health Center	6.25%	1.0 FTE	Recruitment ongoing
Clinics (includes Specialty clinics/ hospital based Primary Care).	10.61%	6.2 FTE	New vacancies due to retirements and additional positions antic. in the new FY budget.
TOTALS	**5.3%**	**35.8 FTE**	

2. SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 11/01/06 to 11/30/06.

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	1	0	0	1	0
Area unable to cover breaks	0	0	1	0	0	12	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. **Moore Grant**

On 12/01/06, we went into the third year of the grant. The final phase of the program will involve training 12 new graduate RNs, continued preceptor, mentorship and enrichment training. A goal of the program is to ultimately obtain ongoing funding through the SFGH budget. Cost savings have been realized related to improved retention of the program participants and decreases in the nursing vacancy rate.

4. **Recruitment**

Nursing recruiters attended the City College job fair on 11/17/06. Recruitment efforts and ongoing with focused training programs planned for the OR, ED, and critical care areas in early 2007.

5. **Retention**

Grace Lopez RN was awarded a DAISY Award on 12/05/06 in recognition of her outstanding work in the Emergency Department during a multiple trauma event in August 2006. The award presentation included a press conference and presentations by the DAISY Foundation founders Mark and Bonnie Barnes and the CEO off United Health Care.

Gillian Otway, RN has been working with Dr Marjorie Barter of USF to develop an academic program for SFGH RN staff and nursing leadership who are interested in completing their MSN degree. USF will conduct classes at SFGH and will offer on-line classes. Participants will complete 30 academic units in the Clinical Nurse Leader program. Leslie Holpit is also working on a HRSA grant with SFSU to support SFGH RNs and LVNs in completing their BSN degrees. The program will provide educational support and use methods such as on-line courses and "challenge" exams to facilitate program completion in three semesters for RNs. The grant will be submitted on 12/15/06.

6. **SFGHMC and Jewish Vocational Service (JVS)**

San Francisco General Hospital has been selected by JVS staff as one of the fourteen finalists for the JVS Business Leader of the Year Award. The purpose of this award is to honor and recognize an exceptional leader in the Bay Area employer community and highlight the individuals within the organization who contribute to this success. The SFGH and JVS partnership has resulted in SFGH hiring 25 JVS clients collectively over the last three years.

SFGH offers continuous support to the JVS nursing programs. Leslie Holpit, Director of Nursing Retention and Recruitment, has provided input to JVS in the development of curriculum for the RN Refresher course and served as keynote speaker at the LVN Refresher graduation.

Throughout the year, SFGH hosts at least 75 JVS nursing students in clinical rotations throughout numerous hospital units, helping them develop strong clinical skills. SFGH has hired 9 nurses from these programs in the past year. The JVS Business Leadership Award Committee will meet to select a winner on 11/21/06. As a finalist, SFGH is invited to attend the official recognition event at the JVS Strictly Business luncheon scheduled for Thursday, April 19, 2007 at The Westin St. Francis.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:13 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Anson Moon, SFGH Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Teri Dentoni, Nursing Supervisor, and Rebekah Varela, Acting Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 15, 2006

Action Taken: The Committee approved the November 15, 2006 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT

CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 4:57 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) **ADJOURNMENT**

The meeting was adjourned at 4:58 p.m.

_____

Rebekah R Varela
Acting Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Rebekah R. Varela
Acting Executive Secretary

Tel. (415) 554-2666
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, January 9, 2007
3:45 p.m.
1001 Potrero, Conference Room #2A1
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE DECEMBER 12, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of December 12, 2006*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 12, 2006**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Hiroshi Tokubo, CHN Director, QM
Sue Currin, RN, MS, Chief Nursing Officer

FOR DISCUSSION: **CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Hiro Tokubo, CHN Director, QM

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, January 9, 2007
3:45 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:45 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D., Member

Staff: Sue Currin, A. Sue Carlisle M.D., Andre Campbell, M.D., John Luce M.D., Anson Moon, Kathy Murphy, Roland Pickens, Dan Schwager, Delvecchio Finley, Myra Garcia, Kathy Jeung, Iman Nazeeri-Simmons, Sharon Kotabe, and Sue Schwartz

2) APPROVAL OF THE MINUTES OF THE DECEMBER 12, 2006 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the December 12, 2006 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, RN, MS, Chief Nursing Officer gave the Hospital Administrator's report.

Program Updates:

Heroes and Hearts
The second annual Heroes and Hearts luncheon is scheduled for Valentine's Day, Wednesday, February 14, 2007 in Union Square. Heroes - someone who has demonstrated exceptional and inspirational behavior to another individual or to the community as a whole - will be honored at this event. In addition, several new 'Hearts in San Francisco' works of art will be displayed and sold. Proceeds will go to the San Francisco General Hospital Foundation.

Iman Nazeeri-Simmons, 2007 NAPH Fellow
Iman Nazeeri-Simmons, Director of Administrative Operations, has been named a 2007 National Association of Public Hospitals Fellow. As a Fellow, Iman will be a member of an outstanding class of 28 professionals from safety net hospitals across the country, representing NAPH member hospitals in 15 different states. The theme of this year's NAPH Fellows Program is "Strengthening the Voice of Public Hospitals through Advocacy Training." The Fellows will focus on legislative policy affecting public hospitals and advocacy training. Congratulations Iman.

Active for Life 2007
SFGH is participating in the Mayor's physical fitness initiatives by taking part in the Active for Life 2007 program. This exciting 10-week program (February 5th- April 15) encourages people to be more active and to eat healthier foods on a regular basis. Participants will be grouped into teams based on departments, units, floor, (i.e. Housekeeping, Radiology, Pharmacy, OR, 4C, Psychiatry). So far, 17 team captains at the hospital have volunteered to form teams. The kickoff fair for SFGH's Active for Life 2007 will be held in the Main Cafeteria on Wednesday, January 10th.

DHS/CMS Plan of Correction
A Plan of Correction was submitted to DHS/CMS in response to their October 23-24, 2006 visit. The plan is currently being reviewed and we have not heard whether it has been accepted.

SFGH Budget Update
SFGHMC has submitted the budget initiatives listed on the attachment. Since additional questions and clarifications are still being put forward, the list is in draft form. There will be an Integrated Steering Committee meeting tomorrow, January 10th, where all of the DPH proposals will be discussed.

Commissioner Comment

- Commissioner Monfredini stated that she was very impressed with the SFGH Annual Report and the presentation at the last Health Commission. She thanked Anson Moon and Sue Schwartz for their work on the presentation and acknowledged Gene O'Connell's leadership on the report and presentation.

4) PATIENT CARE SERVICES REPORT

Sue Currin, RN, MS, Chief Nursing Officer, gave the patient care services report.

PATIENT CARE SERVICES REPORT
Submitted to the Joint Conference Committee, December 2006
Sue Currin, RN, MS, Chief Nursing Officer

1. 01/04/07 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 6.1%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	.005%	1.0 FTE	Recruitment process ongoing for FebTraining Program; antic. twelve vacancies in Jan. 2007 secondary to resignation, reassignments to other Training Programs .
Critical Care (includes 4E/5E/5R)	9.8%	10.4 FTE	Two new hires identified for Jan TP; recruitment ongoing for next Training Programs.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	2.22%	1.6 FTE	Recruitment ongoing
Perioperative (includes OR/PACU/Surgi-center)	10.07%	5.4 FTE	Recruitment process ongoing for Winter Training program
Emergency	9.93%	7.0 FTE	Recruitment ongoing; candidates interviewed for Jan/Feb Training Program.
Psychiatry (includes PES & acute inpatient units only)	7.5%	8.5 FTE	Recruitment process ongoing.
Behavioral Health Center	9.62%	1.0 FTE	Recruitment ongoing
Clinics (includes Specialty clinics/ hosp.based Primary Care).	10.32%	6.2 FTE	New vacancies due to retirements and additional positions antic. in new FY budget.
TOTALS	**6.1%**	**41.1 FTE**	

Commissioner Comment

- Commissioner Monfredini asked what the current bed census was. Sue Currin responded that SFGH hit an all time high of 387. Commissioner Monfredini asked if these were med/surg beds. Ms. Currin responded that they were all over and that psych was at physical capacity. Commissioner Monfredini asked if it was possible to move them to another medical center. Ms. Currin responded that they looked at SNF beds and that Liz Grey was helping them look at placements. She added that everyone is doing what they can to get the patients what they need.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:03 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Umekubo, Myra Garcia, CPCS, CMSC, MSSD Analyst, John Luce, M.D., Medical Director, Quality Improvement, Anson Moon, SFGH Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Sue Currin, RN, MS, Chief Nursing Officer, A. Sue Carlisle, M.D., Associate Dean, University of California, San Francisco, Sharon Kotabe, Associate Hospital Administrator, Sue Schwartz, Quality Improvement Manager, Iman Nazeeri-Simmons, Director of Administrative Operations, and Rebekah Varela, Acting Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF DECEMBER 12, 2006

Action Taken: The Committee approved the December 12, 2006 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 4:39 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 4:40 p.m.

_____

Rebekah R Varela
Acting Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Vice President

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, February 12, 2007
3:45 p.m.
1001 Potrero, Conference Room #2A1
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner John I. Umekubo, M.D.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JANUARY 9, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of January 9, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 9, 2007**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Sue Currin, RN, MS, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) ADJOURNMENT

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Catherine Dodd, R.N., Ph.Dc
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Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Markus Watson, D.D.S.
Commissioner

HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, February 12, 2007
3:00 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:04 p.m.

Present: Commissioner Lee Ann Monfredini, Chair

Staff: Gene O'Connell, Sue Currin, A. Sue Carlisle M.D., Andre Campbell, M.D., Anson Moon, Kathy Murphy, Roland Pickens, Dan Schwager, Myra Garcia, Kathy Jeung, Iman Nazeeri-Simmons, Sharon Kotabe, Gayling Gee, Troy Williams and Sue Schwartz

2) APPROVAL OF THE MINUTES OF THE JANUARY 9, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the January 9, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

Henry Belton Appointed to Shelter Monitoring Committee

Henry Belton, a peer counselor to psychiatric patients at SFGHMC and a Project Homeless Connect volunteer and former client, was appointed by Mayor Gavin Newsom to San Francisco's Shelter Monitoring Committee on January 17, 2007. Mr. Belton has a strong rapport with the people that he serves because he has a deep understanding of their issues. Mr. Belton has experienced years of homelessness, alcoholism and drug addiction on the streets of San Francisco, yet through all of his challenges has progressed into a position of inspiration and advocacy for disadvantaged seniors and psychiatric patients in his community. A heartfelt thank you to Mr. Belton for the services he provides and congratulations on his appointment to the Shelter Monitoring Committee.

Memorial for Gordon Lui, SFGH Pharmacist

Gordon Lui, staff pharmacist at San Francisco General Hospital, passed away suddenly and unexpectedly on January 30, 2007. He was 56 years old. Gordon joined the SFGH pharmacy staff in 1984 and functioned extraordinarily well in many roles including pharmacist-in-charge of the now closed outpatient satellite pharmacy. More recently, Gordon was the inpatient pharmacy IV additive service pharmacist where his responsibilities included the training and mentoring of newly hired pharmacy technicians and many young pharmacists. His co-workers and many friends at SFGHMC will miss Gordon deeply and send heartfelt condolences to his family.

Gene O'Connell Presents at NAPH Leadership Summit on Quality

Gene O'Connell attended the National Association of Public Hospitals (NAPH) 2007 Leadership Summit on Quality in New Orleans last week. The Summit focused on the essential role of senior leaders in supporting safe and high quality care in safety net hospitals. Ms. O'Connell presented on the patient safety initiatives at SFGHMC and promoted the importance of patient safety in all aspects of hospital operations. She was also able to tour Charity Hospital in New Orleans and hear first hand from those who experienced Hurricane Katrina.

Data Analysis of SFGHMC Increase in Daily Census

The Data Analysis of SFGHMC was included in this report.

2006-07 SFGHMC Goals, Objectives and Timelines

The 2006-2007 SFGHMC Goals, Objectives and Timelines were included in this report.

Commissioner Comment

- Commissioner Monfredini asked what the dashboard was. Sue Currin stated that the dashboard was a mechanism to analyze patient safety indicators and key performance measures.
- Commissioner Monfredini asked how the pharmaceutical staff will be able to implement the IHI Initiative given the staffing problems. Sharon Kotabe replied that they are working on recruitment and will be asking for more positions.

4) PATIENT CARE SERVICES REPORT

Sue Currin, RN, MS, Chief Nursing Officer, gave the patient care services report.

1. January 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 5.49%

AREA	RN VACANCY RATE	NO. VACANT FTE	TRAINING PROGRAMS
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	1.3%	2.9 FTE	Twenty new hires in process for Feb Training Program
Critical Care (includes 4E/5E/5R)	6.87%	7.3 FTE	Four new hires in process for Feb Training Program
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	2.22%	1.6 FTE	Recruitment ongoing
Perioperative (includes OR/PACU/Surgi-center)	0.0%	0.0 FTE	Current RN vacancies filled w/new hires fo Feb Training Program
Emergency	12.48%	8.8 FTE	Seven new hires in process for Feb Trainin Program
Psychiatry (includes PES & acute inpatient units only)	10.5%	9.3 FTE	Recruitment process ongoing.
Behavioral Health Center	6.25%	1.0 FTE	Recruitment ongoing
Clinics (includes Specialty clinics/ hosp.based Primary Care).	10.10%	6.1 FTE	New vacancies due to retirements and additional positions antic. in new FY budge
TOTALS	**5.49%**	**37.0 FTE**	

2. **SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 01/01/07 – 01/31/07**

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	**0**	**0**
Area unable to cover breaks	0	0	1	0	0	**13**	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. **Moore Grant**

In December 2006, we ended the second year of the grant having fully utilized all grant monies allocated for the second year. The final group of new RN graduates will be hired by the end of February 2007. Allocation of the final group of thirteen new RN graduates will be in Medical-Surgical, Critical Care, ED and Psychiatry. Preceptor training is scheduled to take place during the last week in February 2007. Fourteen RNs from the Medical-Surgical area are scheduled to begin the Enrichment Program on February 7, 2007. All aspects of the various grant programs are on target for 2007, the final year of the grant.

4. **Recruitment**

Training programs for Critical Care, ED, Medical-Surgical and OR are scheduled to start in February 2007. Candidates were selected in January 2007 and are processing for all available positions. Critical Care has available open positions. During December 2006 and January 2007, we received an unusually high number of applications. This is the first time in years that applications received exceeded available positions.

5. **Retention**

Dorothy Washington Scholarship winners will be announced in February 2007. Pending confirmation of remaining Grant funds, we are expecting to award scholarships to five staff members.

Commissioner Comment

- Commissioner Monfredini congratulated Ms. Currin on her success with working on the Moore Grant
- Commissioner Monfredini encouraged SFGH staff to attend the budget hearings.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 3:49 p.m. Present in the closed session were Commissioner Monfredini, Gene O'Connell, CEO, Myra Garcia, CPCS, CMSC, MSSD Analyst, Troy Williams, Director of Risk Management, Anson Moon, SFGH Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Sue Currin, RN, MS, Chief Nursing Officer, A. Sue Carlisle, M.D., Associate Dean, University of California, San Francisco, Sharon Kotabe, Associate Hospital Administrator, Sue Schwartz, Quality Improvement Manager, Iman Nazeeri-Simmons, Director of Administrative Operations, and Rebekah Varela, Acting Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 9, 2007

Action Taken: The Committee approved the January 9, 2007 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 4:19p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 4:20 p.m.

_____

Rebekah R Varela
Acting Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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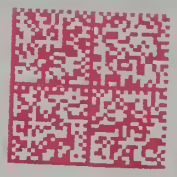

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Commissioner

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Commissioner

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Rebekah R. Varela
Acting Executive Secretary

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RESCHEDULE NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, February 13, 2007 has been rescheduled to Monday, February 12, 2007, 3:00 p.m.

An agenda for that meeting will follow.

For information please call the Commission Office at 554-2666.

(Posted February 1, 2007)

101 Grove Street **San Francisco, CA 94102-4505**

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Catherine Dodd, R.N., Ph.Dc
Commissioner

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
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Markus Watson, D.D.S.
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HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 12, 2007
3:00 p.m.
1001 Potrero, Conference Room #2A1
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE FEBRUARY 12, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of February 12, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION:** **SFGH REBUILD UPDATE**
(Kathy Jung, Associate Hospital Administrator)
**Update*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 12, 2007**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Sue Currin, RN, MS, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation
The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, March 13, 2007
3:00 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:02 p.m.

Present: Commissioner Edward Chow, Member

Absent: Commissioner Lee Ann Monfredini, Chair

Staff: Gene O'Connell, Terri Dentoni, John Luce M.D., Sue Schwartz, Myra Garcia, A. Sue Carlisle, M.D., Valerie Inouye, Dan Schwager, Jeff Critchfield, M.D., A. Sue Carlisle, M.D., Kathy Murphy, Kathy Jung, Iman Nazeeri-Simmons, Delvecchio Finley and Troy Williams

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 12, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the February 12, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

Program Updates:

Heroes & Hearts Luncheon Raises Nearly $1,000,000 For SFGH Foundation

The second annual Heroes & Hearts luncheon, which took place Wednesday, February 14, 2007 at Union Square, was a great success. The event was co-chaired by Judy Guggenhime and Julia Damasco who are members of the SFGH Foundation Board of Directors. The event had an attendance of 750 and has thus far raised nearly $1,000,000. In addition to spotlighting five exceptional community heroes, several new heart artworks were displayed and sold, with the proceeds going to support programs at SFGHMC. Five heroes were honored at the luncheon, which included two staff members of SFGHMC, Laura Mahlmeister, a member of the Birth Center nursing staff and Pat Putney, an Occupational Therapist with Health at Home as well as Margaret Hagan, a volunteer for over 35 years at SFGHMC. Also honored were Sergeant Mary Dunnigan, SFPD and Niels Tangherlini, Paramedic Captain at SF Fire Department. Thank you to the Health Commissioners for attending and supporting this great event.

Gene O'Connell & Judy Guggenhime Present to SF Chamber of Commerce

On February 15, 2007, Gene O'Connell and Judy Guggenhime presented an overview of SFGHMC, its scope of services and its role in the community to the San Francisco Chamber of Commerce. The presentation focused on answering any questions regarding rebuilding the hospital, and was a follow up to Ms. Guggenhime's presentation to the Chamber in January on the Helipad Project. The presentation was well received and the Chamber expressed support for the rebuild of SFGHMC.

Successful Site Visit for the CenteringPregnancy® Program

We are pleased to announce that the CenteringPregnancy® program at SFGHMC recently underwent one of the first site approval visits that have ever been conducted for this relatively new group-based prenatal care model. CenteringPregnancy® was first piloted in the Northeast in 1994 and was implemented by the nurse-midwifery service at SFGHMC in 1999, when SFGHMC became the first site to use this model west of the Mississsippi. It is now used with roughly half of the nurse-midwifery clients who deliver at SFGHMC, and is used at 14 sites in the San Francisco Bay Area. The surveyor attended a CenteringPregnancy® group session and spoke with involved clients, practitioners and administrators over the course of two days. The surveyor was pleased with what she viewed as a "thriving" program".

Participation in Health Access Program Development

Gene O'Connell, Roland Pickens, John Luce, Sharon Kotabe, and other SFGHMC staff have been participating in the program design, implementation plan and budget for the Health Access Program. There have been three retreats that focused on program design and implementation and one on developing a budget. SFGHMC staffs are working diligently to ensure a successful launching of the HAP on July 1, 2007.

Certified Nurse Leader Program at University of San Francisco

Thirteen nursing staff from SFGHMC are pursing their Master's Degree in Nursing with USF's Certified Nurse Leader Program. The staff includes nursing directors, managers and charge nurses. This 18 month cohort group is the first to participate from SFGHMC. This is a unique graduate program which supports academic development for working professional nurses that includes both classroom and online instruction.

Commissioner Comment

- Commissioner Chow asked if Ms. O'Connell if she felt the planning for the HAP was going well. Ms. O'Connell replied that she felt that it was going in the right direction in that it was moving slowly and would be starting at the Chinatown Clinic as a clinic with a well-defined population and was well run.
- Commissioner Chow asked if there was a timetable for SFGH clinics to roll into the HAP. Ms. O'Connell stated that this would happen in September. She also added that the Lewin Group would be looking at preparedness and capacity and looking at what this means to the hospital.
- Commissioner Chow asked for follow up reports on how the HAP will affect SFGH.

4) PATIENT CARE SERVICES REPORT

Terri Dentoni, RN, Nurse Manager, gave the patient care services report.

1. February 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 6.69%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	4.24%	8.8 FTE	New vacancies resulting from resignations and promotions. New hires in the February Training Program have been identified to fill these positions.
Critical Care (includes 4E/5E/5R)	8.67%	9.2 FTE	Recruitment process ongoing.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	2.22%	1.6 FTE	Recruitment process ongoing.
Perioperative (includes OR/PACU/Surgi-center)	0.0%	0.0 FTE	No vacancies pending at this time.
Emergency	12.48%	8.8 FTE	New hires in the February Training Program identified to fill open positions.
Psychiatry (includes PES & acute inpatient units only)	11.43%	10.1 FTE	Recruitment process ongoing.
Behavioral Health Center	6.25%	1.0 FTE	Recruitment process ongoing.
Clinics (includes Specialty clinics/ hosp.based Primary Care).	9.35%	5.6 FTE	Decrease in vacancies due to new hire.
TOTALS	**6.69%**	**45.1 FTE**	

2. **SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 02/01/07 – 02/28/07**

	Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	**1**	0	0	**0**	**0**
Area unable to cover breaks	0	0	**1**	0	0	**3**	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

3. **Moore Grant**

Eleven new graduates are participating in the last cohort training session associated with the RN Internship Grant Program. The first classroom session for the new participants is scheduled for 03/07/07. To date, new graduate retention associated with the program is at 92%. Thirteen RN participants in the medical-surgical nursing started the Enrichment training program on 02/07. This didactic program, combined with on-unit learning, will focus on skills essential for role competency, self-direction and decision-making, effective communication skills, and the use of evidence based theory in practice. Thirteen RN staff nurses completed Preceptor training on 02/27 and 02/28/07.

4. **Recruitment**

Preparations are underway for an Advance job fair scheduled for 03/15/07. Currently there are limited positions still open in all specialty areas.

5. **Retention**

A DAISY Award ceremony is being planned for the last week in March. The announcement for the Dorothy Washington Scholarship awardees is also scheduled for the last week in March.

Commissioner Comment

- Commissioner Chow asked what the vacancy rate was on average. Terri Dentoni stated that it hovered around 6%. Ms. O'Connell added that the national rate is around 12%, so SFGH is doing really well with recruitment.

5) SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

Kathy Jung, Associate Administrator, gave the SFGH rebuild update.

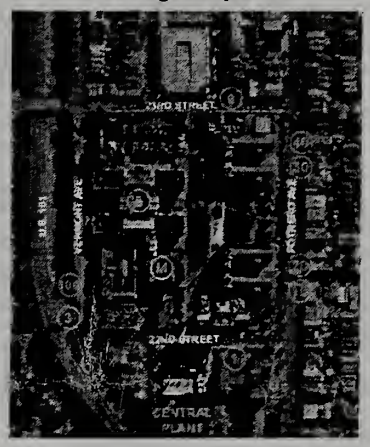
San Francisco General Hospital Rebuild

SFGH Joint Conference Committee Presentation, March 13, 2007

Previous Sites Considered

- **Emergency Department Parking Lot**
  - Noise, proximity to existing housing & neighbors
  - Operational issue of keeping existing ED open during construction
- **Demolish M Wing of Building 5 and Building 100**
  - M Wing houses 5 floors of ambulatory care services
  - Demolishing highly functional building, noise and dust
  - No place to relocate existing occupants
- **Mission Bay - Co-locate with UCSF**
  - Too costly

Existing Campus

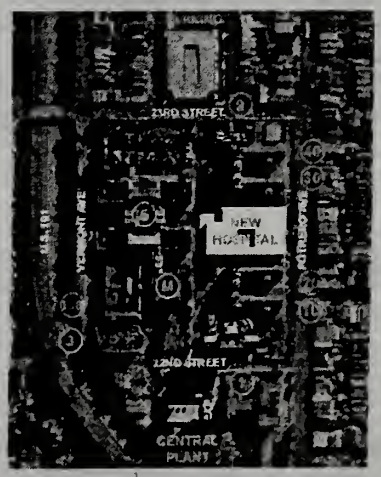


San Francisco General Hospital Rebuild

SFGH Joint Conference Committee Presentation, March 13, 2007

Feasibility Study Findings

- Utilizes innovative "Super-Floor" concept
- No existing buildings need to be demolished
- Space program can fit within existing zoning height limits
  - Capacity based upon 230 beds, but can accommodate up to 267 (Acute Psych and SNF beds do not need to be relocated)
- Minimizes impact on surrounding neighborhood
- Existing operations can continue during construction

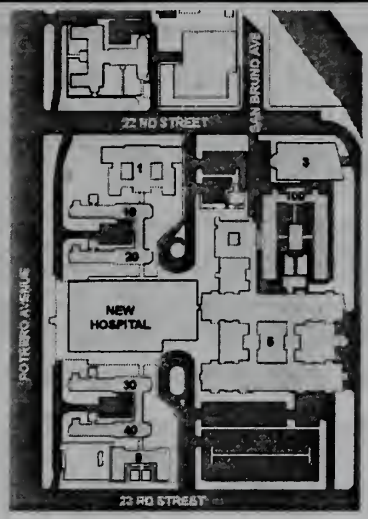


San Francisco General Hospital Rebuild

SFGH Joint Conference Committee Presentation, March 13, 2007

CURRENT & UPCOMING ACTIVITIES

- **Environmental Impact Study**
- **Hazardous Material Study**
- **Space Programming**
- **Campus Master Planning**
- **Institutional Master Plan Update**
- **Conditional Use Permit**
- **Geotechnical Study Program**



San Francisco General Hospital Rebuild

SFGH Joint Conference Committee Presentation, March 13, 2007

CURRENT SPACE PROGRAM STATUS
APPROX. 430,000 B.G.S.F

BASEMENT - *Diag. Imaging / Auxiliary Support / Plant Services*

GROUND FLOOR - *Perioperative / Clinical Lab / Sterile Processing*

FIRST FLOOR - *Emergency / Admitting / Main Lobby*

SECOND FLOOR - *Obstetrics & Pediatrics*

THIRD FLOOR - *Medical/ Surgical - Forensic Unit– Pharmacy*

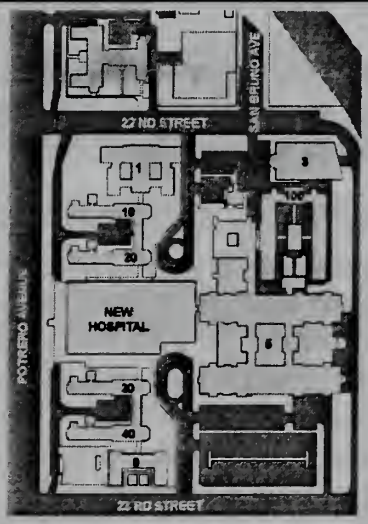
FOURTH FLOOR - *ICU/CCU/ Step-Down*

FIFTH FLOOR - Medical/ Surgical/ Step-Down

SIXTH FLOOR - Medical/ Surgical

PENTHOUSE - *Plant Service*

SPACE PROGRAM TARGET COMPLETION - MAY 2007



Status of Helipad

- New Helipad Preliminary Draft EIR (PDEIR) Publish timeline is July 2007. Original publish date: November 06
- Additional time is necessary to address further studies on the impact of noise & vibration to the surrounding neighborhood; review of literature & analysis of Helicopter safety; and elaboration of mitigation measures & alternatives.
- Planning Commission hearings on the PDEIR in late summer 2007
- Construction documents are in design and under preliminary review by OSHPD
- Final OSHPD approval of plans should coincide with Board of Supervisors certification of the the EIR expected by Fall 2007

Commissioner Comment

- Commissioner Chow asked when there would be a Bond put forward. Kathy Jung stated that it would most likely be November 2008 and the size of the Bond would depend on future costs.
- Commissioner Chow asked why OB and Pediatrics had a dedicated floor. Ms. O'Connell stated that the 2nd floor is the smallest floor and will have other items that will take up room such as the bridge to the old hospital. Ms. Carlisle added that faculty would like to maintain OB services here.
- Commissioner Chow asked about this projects relationship to the Planning Committee. Ms. Jung stated that they have not gone to the Planning Committee yet on this project.
- Commissioner Chow asked what public meetings have been held and what the response has been. Ms. O'Connell stated that Dr. Katz held a neighborhood meeting that noticed the public that SFGH would be building the hospital on the front lawn. Commissioner Chow asked Dr. Critchfield how the faculty felt about this. Dr. Critchfield felt the faculty was excited to be involved particularly around program planning.
- Commissioner Chow stated that the Commission is in support of the rebuild and it is one of the highest priorities. He added that he would like to see this go to the full Commission.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:02 p.m. Present in the closed session were Commissioner Chow, Gene O'Connell, CEO, John Luce, M.D., Chair, PIPS, Myra Garcia, CPCS, CMSC, MSSD Analyst, Troy Williams, Director of Risk Management, Kathy Murphy, Deputy City Attorney, Roland Pickens, Dan Schwager, Director of Medical Staff Services, Terri Dentoni, RN, Nurse Manager, A. Sue Carlisle, M.D., Associate Dean, University of California, San Francisco, Sue Schwartz, Quality Improvement Manager, Iman Nazeeri-Simmons, Director of Administrative Operations, Jeff Critchfield, M.D., Assistant Chief of Staff, Delvecchio Finley, Associate Administrator and Rebekah Varela, Acting Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 12, 2007

Action Taken: The Committee approved the February 12, 2007 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 4:58 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 4:59 p.m.

_____

Rebekah R Varela
Acting Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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Mitchell H. Katz, M.D.
Director of Health

Rebekah R. Varela
Acting Executive Secretary

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Web Site: http://www.sfdph.org

AGENDA

20.458
10/07

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, April 10, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MARCH 13, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of March 13, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 13, 2007**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Sue Currin, RN, MS, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Patient Referral/Assistance Department at 206-5166 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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Vice President

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Commissioner

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 8, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MARCH 13, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
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4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION:** **3rd QUARTER FINANCIAL REPORT**
(Valerie Inouye, Chief Financial Officer, SFGH)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

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2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, May 08, 2007
3:00 p.m.
1001 Potrero, Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

Staff: Gene O'Connell, Andre Campbell, M.D., Terri Dentoni, John Luce M.D., Sue Schwartz, Anson Moon, Myra Garcia, Valerie Inouye, Dan Schwager, Jeff Critchfield, M.D., A. Sue Carlisle, M.D., Kathy Murphy, Iman Nazeeri-Simmons, Delvecchio Finley, Roland Pickens, Sharon Kotabe and Troy Williams

2) APPROVAL OF THE MINUTES OF THE MARCH 13, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the March 13, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

Gene O'Connell Honored by UCSF School of Nursing "Wall of Fame"
The UCSF School of Nursing and the Nursing Alumni Association Board commemorated the UCSF Nursing Centennial by establishing a "Wall of Fame", recognizing 100 outstanding alumni and faculty. Three notable nurses within the DPH family were honored: Pat Underwood, RN, DNSc, UCSF faculty, who was the first registered nurse to serve on the Health Commission during the Art Agnos administration; Catherine Dodd, RN, MS who is a current member of the Health Commission; and Gene O'Connell, RN, MS who is the Executive Administrator of SFGH.

Criteria for nominations were based on the previously established Jane Norbeck Distinguished Alumni Award criteria, which are: the nominee has made significant contributions to the nursing profession and/or health care; he/she has demonstrated service and/or leadership that contributed to the growth and development of the UCSF School of Nursing; and the service is/was continuous and sustained. The three above mentioned recipients clearly represent all of these qualities. The Wall was displayed at Alumni Day, at the School and at other Centennial events. Congratulations to Ms. Underwood, Ms. Dodd and Ms. O'Connell.

Hearing at Board of Supervisors on Victims of Gunshot Violence
On Monday, April 23rd San Francisco General Hospital staff testified before the Board of Supervisor's Public Safety Committee at a hearing that sought information on the prevalence of gunshot victims who have become permanently disabled. Dr. Andre Campbell, Chief of Staff, spoke about the increase in gunshot victims seen over the past four years at SFGH and the health challenges that these individuals face during their lifetime. Because of the excellent medical care available to victims, many more of them survive their injuries but face long rehabilitation or many years of challenging medical, social and housing needs. Patti O'Connor, Director of the Trauma Program at SFGH presented data from the trauma registry that illustrated the increase of injuries due to gun violence. Alicia Boccellari, Director of the Trauma Recovery Center and Liz Gray, Director of Long Term Care Services, also talked about the need and challenges inherent in finding appropriate supportive housing and services. The hearing provided the Board of Supervisors with a more realistic picture of the critical needs for an emerging population of our residents.

DHS EMTALA Survey
Department of Health Services surveyors presented on March 28, 2007 at 8:30 am to perform an unannounced full survey to determine SFGH compliance to EMTALA. Areas of focus were the Emergency Department, Psychiatric Emergency Services and Labor and Delivery.

The surveyors concluded their visit on March 29, 2007 at 1:35 pm. A summary of the Survey and Exit Conference are as follows:

- The surveyors did not find any EMTALA violations or deficiencies.
- Additional EMTALA signage was added in all three areas to ensure visibility.

Suggestions were made to improve EMTALA log format and documentation in Psychiatric Emergency Services and Labor and Delivery.

Primary Stroke Center Certification Survey
On April 2, 2007, San Francisco General Hospital went through a thorough evaluation by the JCAHO for Primary Stroke Center certification. JCAHO's standards are the most rigorous in the industry and certification is considered the "gold seal of approval." Strengths of being a Primary Stroke Center include an around-the-clock neurological acute response team, new diagnostic tests that pinpoint a stroke's location and cause, advanced surgical techniques, a state-of-the-art Neurosciences Intensive Care Unit, comprehensive rehabilitative care, and drugs that, if given early enough, can stop a stroke in its tracks.

The Stroke Program at SFGHMC is dedicated to preventing, diagnosing and treating strokes. Care is coordinated from the first point of contact with the patient, whether through the emergency department, the Stroke Program's inpatient or outpatient clinical services and rehabilitation services. Dr. Claude Hemphill, Director of the Stroke Program at SFGHMC, has brought together a multidisciplinary team of neurologists, neurosurgeons, neuroradiologists, nursing specialty staff and physiatrists who focus on comprehensive stroke management

While many centers are concerned mainly with managing acute stroke, the Stroke Program's state-of-the-art acute stroke management also focuses on aggressive prevention of future stroke with a combination of medications and changes in lifestyle. The program service an ethnically diverse stroke population. The provision of patient and family educational materials highlight aggressive preventive strategies. Closing remarks from the Joint Commission highlighted the exemplary performance improvement and data presentation of the program. Patient and family interviews reflected the excellence of care provided and staff conferences revealed high levels of knowledge, expertise and skill. The Stroke Program is expecting final certification.

Baby Friendly Resurvey
An assessor from the Baby Friendly Hospital Initiative visited San Francisco General on April 2nd, to re-assess our support of breastfeeding infants and their mothers. The hospital was initially inspected in May of 2006, and while the evaluators at that time were very positive about our practices, they found us to need improvement in a few areas. This year the assessor was very impressed with the changes she saw. She praised our excellent prenatal education, our full implementation of skin-to-skin contact after delivery, and that healthy infants room-in with their mothers throughout their hospital stay. She also found that postpartum mothers were much more confident in their ability to breastfeed. We await a final report from Baby Friendly USA, but feel very confident that San Francisco General Hospital will soon be named the first Baby Friendly Certified Hospital in San Francisco and only the second hospital in California!

Mental Health Rehabilitation Center Unannounced Survey
Department of Mental Health arrived April 30th to conduct an unannounced survey of the MHRC. Five surveyors participated in the survey for a total of five days. Overall the survey went very well with minor environment of care issues and ensuring that all staff (not only clinical) have a "Live Scan" background check completed and on file. The nursing component of the survey is still underway and is being conducted by a physician. The surveyors stated that they were very impressed with the facility and by the care provided, and the progress that has been made over the past three years.

Joint Commission Periodic Performance Review
The Periodic Performance Review (PPR) is a tool that is designed to promote continuous JCAHO standards compliance through a formalized assessment process. This process encourages the hospital to carefully review the standards, assess its compliance, develop plans of action and put them into motion. The goal is to incorporate the standards into routine hospital operations which will improve safety and quality of care.

JCAHO Accreditation Participation Requirements requires hospitals to complete the PPR and develop appropriate plans of action and necessary Measures of Success (MOS) for any standards that are out of compliance. Completion of the PPR is required annually during the hospital's accreditation cycle.

At SFGHMC various levels of staff, including physicians participate in completing the PPR. There are 13 standard chapters that are reviewed and completed. Chapter committees are comprised of a Chair, Quality Management liaison and other staff from various disciplines. Each chapter committee reviews the Elements of Performance and develops appropriate plans of action and MOS for any standards out of compliance. This will identify and provide an opportunity to correct problems well in advance of the survey.

The hospital can fulfill the PPR requirement by selecting one of four options. SFGH has selected Option 2 which allows the hospital to choose a consultative full announced or unannounced survey. During this survey the surveyor assesses the hospital against all applicable Elements of Performance using the PPR tool. The hospital will submit to the Joint Commission plans of action and a MOS for all standards that are out of compliance. During the full on-site survey, the surveyor reviews the MOS to ensure that plans of action were implemented and that performance has been sustained.

Patient Flow Report for April 2007
I am pleased to present a snapshot of the hospital's patient flow activities for the month of April. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow.

- Average Daily Census was 339 which is 112% over budgeted beds and 91% of physical capacity of the hospital.
  - ADC for Medical/Surgical beds was 228 – this translates into 119% of budgeted beds and 93% of Medical/Surgical physical capacity.
  - ADC for Psychiatry beds was 81 which is 97% of budget and 83% of physical capacity.

- Average Length of Stay:
  - 5.7 days for Medical/Surgical
  - 13 days for acute Psychiatry
  - 33 days for our Skilled Nursing Ward

- Non-Acute Days:
  - 18% of the Medical/Surgical bed days (n = 1,226)
  - 52% of the Psychiatry bed days (1,271)
  - approximately 81% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=1,820)

- Admissions / Discharges:
  - Total number of admissions was 1,449
  - Total number of discharges was 1,414

  - There were 4,098 encounters in the Emergency Department; 19% resulted in an admission.
  - There were 611 PES encounters; 24% were admitted.

Admit From	Med/Surg	Psych	SNF	SFBHC
Emergency Dept	772	2		
Newborn	99			
SFGH Clinic	216			2
SFGH Surgicenter	3			
Discharge/Readmit	10	13	31	15
Correctional Fac.	1	20		
Oth SF Acute Hosp	5			
Labor and Delivery	109			
Psych Emerg	1	149		
Laguna Honda			1	

Discharge to	Med/Surg	Psych	SNF	SFBHC
Home	959	86	15	3
SFGH Longterm	32	2		
Forensic Fac.	27	42		
AMA	26	5	1	
SFGH SNF	26			
Oth SF Acute Hosp	25		1	
Died	22			1
Oth Rehab Fac	16			
SFGH Acute Care	14	5	6	11
Board and Care	7	3	1	2
Others	21	43	6	6

- Diversion:
  - Emergency Department had 39 episodes of diversion totaling 163 hours or 23% of the time. Diversion was due to bed capacity, overcrowding and high patient acuity.
  - PES was on Condition Red 33% for a total of 240 hours. Condition Red was due to overcrowding.

Commissioner Comment

- Commissioner Illig stated he is concerned about administrative days and length of stay in psychiatric beds. Sue Carlisle stated that she has been working on the causes of this in meetings with such staff as Liz Gray and Barbara Garcia.
- Commissioner Chow stated that the level of daily patient discharge and patient admittance is extraordinary. He also stated that after the Committee gets used to the data, it should be evaluated and that there is perhaps a better way of presenting the data. Gene O'Connell responded that data on admissions to LHH would be added.

4) PATIENT CARE SERVICES REPORT

Terri Dentoni, RN, Nurse Manager gave the patient care services report.

1. *RN Internship Program*
All components of the program are progressing in order to meet the goals of year 3 of the grant. Eleven new graduates continue in their RN positions. Three new graduates will be hired through the grant in the summer of 2007, bringing the total new graduate RN number to 50. Enrichment program participants have attended four class days. The enrichment curriculum has been updated to include an emphasis on RN professional role behaviors, and critical thinking tools to enhance clinical judgment. All program components will be completed in the fall.

2. *Recruitment*
The Nurse Recruiter attended the Advance job fair on March 15 and City College of San Francisco job fair on April 27. At this time, RN applications are exceeding vacancies. .

3. *Retention*
Chuba Chinasa RN from 5E was honored with a DAISY award for her compassionate work with critically ill patients and their families. Ms. Chinasa's outstanding clinical skills were noted as was her exceptional ability to empathize and support dying patients and their families. One situation which was shared at the award presentation involved a critically ill woman in 5E whose mother was unable to come to the hospital and say goodbye to her daughter in person. Chuba supported the patient and her mother by facilitating a phone goodbye. Holding the phone to the patient's ear for more than 20 minutes, Chuba made a real goodbye possible for the patient and her mother.

4. *Patient Care Clinical Documentation Update*
The Patient Care Documentation Workgroup completed the design and build of the new Vital Sign and Intake/Output functionality. The validation presentation was completed with nursing and physician staff. A pilot will start in June, 2007 on unit 5C. Additional wireless computers on wheels are currently being placed on Med-Surg units

The Patient Care Documentation Workgroup is now working on the design of the Admission Database. The design will include the patient history and risk assessments (e.g., falls, skin integrity, nutrition, vaccinations, smoking cessation). The pilot is scheduled for the third quarter.

5. *April 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 7.72%*

AREA	RN VACANCY RATE	NO. VACANT FTE	TRAINING PROGRAMS
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	5.6%	11.6 FTE	Recruitment ongoing. Hiring in process for training program.
Critical Care (Includes 4E/5E/5R)	10.5%	11.1 FTE	Recruitment ongoing. Hiring in process for training program.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	1.3%	0.9 FTE	Recruitment ongoing.
Perioperative (includes OR/PACU/Surgi-center)	3.5%	1.9 FTE	Recruitment ongoing.
Emergency	7.2%	5.1 FTE	Recruitment ongoing. Hiring in process for training program.
Psychiatry (includes PES & acute inpatient units only)	16.6%	14.7 FTE	Recruitment ongoing. Hiring in process for training program.
Behavioral Health Center	0.0%	0.0 FTE	
Clinics (includes Specialty clinics/ hosp.based Primary Care).	11.2%	6.7 FTE	Recruitment ongoing.
TOTALS	**7.72%**	**52.0 FTE**	

6. *Medication Safety – Printed Medication Administration Record (MAR)*
The printed MAR has been implemented on 5 Med-Surg units. Nursing, IS and Pharmacy have worked collaboratively with the Medication Reconciliation Task Force on this project. The printed MAR will next be implemented in Acute Psychiatry, Maternal-Child and Emergency department (admitted patients only). The nursing staff comments have been overwhelmingly positive. The project achieved the goal of legibility, decreased nursing time spent recopying medication records and decreased transcription errors. We will continue the rollout of this project and monitor the impact on medication errors.

5) 3rd QUARTER FINANCIAL REPORT

Valerie Inouye, Chief Financial Officer, SFGH, gave the 3rd Quarter Financial Report.

San Francisco General Hospital: Year-end projections show a surplus of $1,245,000.

Revenues are projected to be $1,900,000 over budget after the supplemental is considered. This is caused by:

- Net favorable variances in Medi-Cal revenues of $2,774,000 comprised of a $4,774,000 favorable variance in Medi-Cal inpatient payments offset by a $2,000,000 negative variance in Safety Net Care Pool payments.
- $2,000,000 favorable variance in prior year settlements.
- $2,874,000 unfavorable variance in Capitation Revenues associated with the Children's Health Initiative (C-CHIP) federal matching program. The budget assumed a longer retroactive application than what was finally approved.

Expenditures are projected to be over budget by $655,000 due to:

- $2,655,000 unfavorable variance in Salaries and Fringe Benefits due to labor shortages at SFGH combined with a high patient census that requires the use of as-needed staff and overtime.

- $2,000,000 favorable variance in operating transfers out related to intergovernmental transfers for the C-CHIP program mentioned above.

Commissioner Comment

- Commissioner Illig asked if there would be another supplemental. Valerie Inouye stated that there not, as there would most likely be other areas to shift surpluses to cover the deficit in salaries.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:14 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Chow, Commissioner Illig, Gene O'Connell, CEO, John Luce, M.D., Chair, PIPS, Myra Garcia, CPCS, CMSC, MSSD Analyst, Troy Williams, Director of Risk Management, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Terri Dentoni, RN, Nurse Manager, Sue Currin, Nursing Director, A. Sue Carlisle, M.D., Associate Dean, University of California, San Francisco, Sue Schwartz, Quality Improvement Manager, Iman Nazeeri-Simmons, Director of Administrative Operations, Jeff Critchfield, M.D., Assistant Chief of Staff, Delvecchio Finley, Associate Administrator and Rebekah Varela, Acting Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 13, 2007

Action Taken: The Committee approved the March 13, 2007 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

D) Reconvene in Open Session

The Committee reconvened in open session at 4:56 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 4:57 p.m.

_____

Rebekah R Varela
Acting Executive Secretary to the Health Commission

These minutes will be approved at the next SFGH Joint Conference Committee.

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Catherine Dodd, R.N., Ph.Dc
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Roma P. Guy, M.S.W.
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Markus Watson, D.D.S.
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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

20.458
6/12/07

Tuesday, June 12, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

12:15 a.m. msf
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Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MAY 8, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of May 8, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR ACTION:** **TRAUMA CARE RESOLUTION**
(Patti O'Connor, N.P. and Robert MacKersie, M.D.)
**Resolution*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF MAY 8, 2007**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Andre Campbell, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Andre Campbell, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Sue Currin, RN, MS, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor, and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

Lee Ann Monfredini
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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

o.458

12/07

Tuesday, June 12, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

Staff: Gene O'Connell, Andre Campbell, M.D., Sue Carlisle, M.D., Terry Dentoni, John Luce M.D., Sue Schwartz, Myra Garcia, Valerie Inouye, Dan Schwager, Kathy Murphy, Iman Nazeeri-Simmons, Delvecchio Finley, Roland Pickens, Sharon Kotabe, Robert Mackersie, M.D., Maggie Rykowski and Troy Williams

2) APPROVAL OF THE MINUTES OF THE MAY 8, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the May 8, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

PROGRAM UPDATES

Sue Currin out on Medical Leave
Sue Currin is out on Medical Leave for a month. In her absence Terry Dentoni is responsible for Patient Care Services and Gene O'Connell will have Quality Management report directly to her.

AVON Walk for Breast Cancer
This year's AVON Walk for Breast Cancer in San Francisco is July 7-8. The walk route will go through SFGHMC campus - by the Avon Comprehensive Breast Care Center. Hospital staff have formed teams to participate in the walk and have volunteered to be medical support during the walk. 100% of the net proceeds from the Avon Walk for Breast Cancer are returned to the breast cancer cause nationwide to support breast cancer awareness, screening and diagnosis, treatment, support services and scientific research, with a focus on the medically underserved. At SFGHMC, funds support the *Avon Comprehensive Breast Care Center*, the Avon-SFGHMC mobile mammography program, and bi-lingual and culturally sensitive patient navigators reaching the African-American, Latina and Chinese communities. In addition, funds support high risk genetic screening in underserved populations and research into the genetic causes of breast cancer.

Bomb Threat Incidents on June 6 and May 22
During the afternoon of Wednesday, June 6, 2007, staff at the Seneca Center in the Behavioral Health Center on the SFGHMC campus received a bomb threat. Following our emergency response procedures, we worked with the San Francisco Sheriff's Department and the SFPD Bomb Squad to discover the device, create an appropriate perimeter, and to render the device safe. This was the second such incident in recent history, with the first occurring on May 22, 2007. After both incidents, post-incident debriefings with leadership from SFGHMC and SFSD were conducted. The reviews revealed improvements in the response to the second incident and additional areas of focus for further improvement, particularly in cases where the media becomes involved. Disaster planning is leading the effort to conduct future drills/trainings with staff, with a focus on the red brick buildings, where communication channels are less developed.

Successful Opiate Treatment Outpatient Program (OTOP) Survey
The California state Alcohol and Drug Program Title 9 abbreviated survey of the Opiate Treatment Outpatient Program (OTOP) was conducted on June 11, 2007. The survey went very well with only minor findings. The surveyors were very impressed with the knowledge and compassion of the staff along with the complexity of the organization.

Joint Commission Removes Request For Improvement on Primacy Source Verification
During the Stroke Certification Survey, SFGHMC received a Request For Improvement (RFI) for not conducting primacy source verification for all licensed personnel. Staff felt at the time of the survey that the hospital met the standard, as we do have a process in place for primary source verification. With this knowledge, the hospital decided to contested the RFI. We received notification from the Joint Commission Standards Interpretation Board on June 11th that they agree that SFGHMC met the standard and that the RFI was being removed. SFGHMC no longer has conditional stroke certification. We will be submitting our policy for the other RFI that we received regarding influenza and pneomococcal vaccine. Once that is received, reviewed and accepted the hospital will be fully Stroke Certified.

SFGHMC Receives American Diabetes Association Certification

On April 25, 2007, San Francisco General Hospital Medical Center's diabetes education programs received formal recognition from the American Diabetes Association (ADA) for meeting its National Standards for Diabetes Patient Education. The certification period extends for three years from January 2007 – January 2010. ADA certification enables SFGH to bill Medicare for diabetes education provided in the clinics. It also provides guidance based on national standards and practice to our diabetes education programs.

The initial application process involved site visits, program development, and data collection. The year-long effort was made possible by a SFGH Foundation Hearts grant and the leadership of our Project Coordinator Ivonne Mclean and our Diabetes CNS Amalia Fyles.

Patient Flow Report for May 2007

Ms. O'Connell presented a snapshot of the hospital's patient flow activities for the month of May. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow.

- Average Daily Census was 356 which is 118% over budgeted beds and 96% of physical capacity of the hospital.
  - ADC for Medical/Surgical beds was 239 – this translates into 125% of budgeted beds and 98% of Medical/Surgical physical capacity.
  - ADC for Psychiatry beds was 87 which is 104% of budget and 89% of physical capacity.
- Average Length of Stay:
  - 6.3 days for Medical/Surgical
  - 11 days for acute Psychiatry
  - 20.7 days for our Skilled Nursing Ward
- Non-Acute Days:
  - 13% of the Medical/Surgical bed days (n =942)
  - 39% of the Psychiatry bed days (1,020)
  - approximately 60% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=1,182)
- Admissions / Discharges:
  - Total number of admissions was 1,573
  - Total number of discharges was 1,501

  - There were 3,685 encounters in the Emergency Department; 10% resulted in an admission.
  - There were 552 PES encounters; 11.4% were admitted.

Admit From	Med/Surg	Psych	SNF	SFBHC
Emergency Dept	371			
Newborn	1			
SFGH Clinic	53			2
SFGH Surgicenter	1		2	

Discharge/Readmit	2	2	31	23
Correctional Fac.	1	7		
Oth SF Acute Hosp	1			
Labor and Delivery	19	1		
Psych Emerg	1	63		
Others / Blanks	826	166		

Discharge to	Med/Surg	Psych	SNF	SFBHC
Home	960	129	22	3
SFGH Longterm	26	6	1	
Laguna Honda (new)	23		2	
Laguna Honda (readmits)	30			
Forensic Fac.	31	39		
AMA	33	6	2	1
SFGH SNF	29	5	3	
Oth SF Acute Hosp	23			
Died	30			
Oth Rehab Fac	23		1	
SFGH Acute Care	19	4	5	14
Board and Care	10	1		2
Others	28	49	1	2

- Diversion:
  - Emergency Department had 39 episodes of diversion totaling 143 hours or 19% of the time. Diversion was due to bed capacity, overcrowding and high patient acuity.
  - PES was on Condition Red 30.1% for a total of 224 hours. Condition Red was due to overcrowding.

Hospital Rebuild Article in SF Business Times

On June 8, 2007 the San Francisco Business Times published an article "Cost of new SF General takes another big jump" by Chris Rauber. Kathy Jung, SFGH Rebuild Project Director was misquoted by Mr. Rauber stating that the cost of the project is now $900 million. It is unclear where he got his information from or why he misquoted Ms. Jung.

SF Business Times Helipad Editorial

On May 18, 2007 the San Francisco Business Times issued an editorial strongly supporting the helipad at SFGH (Hospital helipad needs to land in San Francisco." The article reads "This is a serious public safety failing, one that has not gone unnoticed by the hospital, its doctors, the city health department, the US Coast Guard, the American College of Surgeons, nurses' groups and other organizations that have warned...that the lack of a SF General helipad will one day literally be a matter of life and death." Members of the helipad project and other hospital staff have participated in community group meetings, the most recent one being the Potrero Hill Democratic Club meeting on Tuesday, June 5th, where the pro and con of the helipad were debated.

Commissioners' Comments

- Commissioner Chow asked how security is provided on the SFGH campus, and how the device was discovered in this instance. Mr. Finley replied that an employee discovered the first device and a sheriff's deputy, after being informed by Seneca staff, discovered the second device. The hospital has an incident command system that is activated based on the level and type of situation. Ms. O'Connell added that there are times when SFGH must step aside and let the police take the lead. This was one such time. Commissioner Chow asked if staff is comfortable that we can be as vigilant as possible, given that this is an open campus. Ms. O'Connell said that the hospital has plans in place to respond to many types of disasters, including a bomb threat plan.

- Commissioner Monfredini is extremely proud of the work the hospital has done to prepare for these types of situations. She asked what gaps, if any, occurred in this instance. Mr. Finley said that he was pleased with the overall response but found some challenges, including communications challenges. Ms. O'Connell reminded commissioners that the hospital workorders money to the sheriff to provide security. There have been issues about having adequate sheriff's staff on campus. The proposed budget includes an increase in the workorder to address this concern.

- Commissioner Illig asked how six patients can leave AMA from a locked facility. Ms. Dentoni said that AMA is different than AWOL. A patient is able to sign out AMA. Commissioner Illig commended staff for dropping the number of non-acute days, and asked how this was accomplished. Ms. O'Connell said they are maximizing the use of ADUs, and working closely with ADUs to refer people directly from PES.

- Commissioner Chow said that 33 AMA from med/surg seems high. Ms. Dentoni said various inappropriate behaviors can precipitate AMA, for example a patient who does not want to comply with treatment. There is a large number of dual-diagnosed patients on med/surg. Troy Williams from Risk Management does a diligent job trying to persuade patients to stay. Commissioner Chow is concerned about the people who are acutely ill but still choose to leave, and would like more detail about the circumstances.

- Commissioner Monfredini said that the Health Commission held a special meeting on May 15th that helped the commission clarify its future. The rebuild is a critical part of that future. Also, she met with representatives from St. Luke's who were pretty clear that there will not be a St. Luke's as we know it in 2 ½ years. St. Luke's plans will impact SFGH. Ms. O'Connell said that St. Luke's does not have a seismically safe building so is very limited in the services it can provide.

4) PATIENT CARE SERVICES REPORT

Terri Dentoni, RN, Nurse Manager gave the patient care services report.

May 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 2.06%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	0.0%	0.0 FTE	All approved and vacant positions have been filled with candidates from the February training program.
Critical Care (Includes 4E/5E/5R)	4.12%	4.4 FTE	Recruitment ongoing – successful recruitment of candidates from the Medical/Surgical units will be in the summer training program.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	0.0%	0.0 FTE	All approved and vacant positions have been filled.
Perioperative (includes OR/PACU/ Surgi-center)	0.0%	0.0 FTE	All approved and vacant positions have been filled.
Emergency	0.0%	0.0 FTE	All approved and vacant positions have been filled.
Psychiatry (includes PES & acute inpatient units only)	9.84%	8.7 FTE	Recruitment ongoing.
Behavioral Health Center	0.0%	0.0 FTE	All approved and vacant positions have been filled.
Clinics (includes Specialty clinics/ hospital-based Primary Care).	1.42%	0.9 FTE	Recruitment ongoing.
TOTALS	2.06%	14.0 FTE	

NOTE: Effective this month, SFGH is converting to vacancy data from HR2000.

SFGH RATIO STAFFING DATA: (By Number of Shifts) for the period of 05/01/07 – 05/31/07

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	0	0
Area unable to cover breaks	0	0	1	0	0	4	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

RN Internship Program

We are actively meeting the goals for the third year of the Moore grant. Currently there are eleven new graduates I RN positions. For summer 2007 three new graduates will be hired through the grant, totaling the new RN graduate to 50 new hires. Participants of the enrichment program have met for four days. Changes of the curriculum have been made to reflect an emphasis on RN the professional role behaviors, such as self-direction, decision-making, and critical thinking tools to enhance clinical judgment. All program components will be completed in the fall.

Recruitment

After attending the Advance job fair on March 15 and City College of San Francisco's job fair on April 27, there has been a considerable improvement within the last three to four years of RN new graduate applicants. At this time, the majority of new RN applicants exceed the number of experienced RN applicants. Currently the number of applicants applying far exceeds the number of RN vacancies available.

Retention

The nurse week event for 2007 was held on Wednesday, May 9th, over 300 staff throughout DPH attended. Health Commissioner Catherine Dodd spoke to the nursing leadership and staff about caring with our heart, mind and soul. There was a reception that followed in the SFGH cafeteria where the O'Connell society award, Daisy award and Mildred Crear award were presented. Annie

Neustadter, from 6C birth center was awarded the daisy award for her outstanding work with patients in the hospital as well as in the community.

Commissioners' Comments

- Commissioner Illig asked if the nursing positions in psychiatry are vacant because there are empty beds. Ms. O'Connell said no, the nursing vacancies are true vacancies. Commissioner Illig asked why all 88 psychiatry beds are not being filled. Ms. O'Connell said they are not budgeted for 88 beds, and she tries to work within budget. The unit had been running over budget for the past year and a half.

5) TRAUMA CARE RESOLUTION

Robert Mackersie, M.D., presented an overview of the San Francisco General Hospital trauma program. San Francisco General Hospital is a Level 1 trauma center, which means it is a regional resource hospital with comprehensive services and university teaching and educational programs. Trauma is a major public health problem, and traumatic injury is preventable. The goal is a global reduction in morbidity and mortality. Trauma care is an essential public service. San Francisco General Hospital is the sole Trauma Center in San Francisco. The American College of Surgeons Committee on Trauma runs the verification program for trauma centers. There are 223 criteria for Level 1 adult trauma centers, and the center must satisfy all 223 to reverify. SFGH's trauma program is set to be surveyed on August 6 and 7.

Commissioners' Comments

- Commissioner Illig asked if there is a requirement for every region to have a Level 1 Trauma Center. Dr. Mackersie said it is not a requirement. Stanford is the closest Level 1. Santa Rosa is a very busy Level 2.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:15 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Chow, Commissioner Illig, Gene O'Connell, CEO, Andre Campbell, M.D., Chief of Staff, John Luce, M.D., Chair, PIPS, Myra Garcia, CPCS, CMSC, MSSD Analyst, Troy Williams, Director of Risk Management, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff

Services, Terry Dentoni, RN, Nurse Manager, Sue Carlisle, M.D., Associate Dean, University of California, San Francisco, Sue Schwartz, Quality Improvement Manager, Iman Nazeeri-Simmons, Director of Administrative Operations, Sharon Kotabe, Pharm. D., CHN Pharmacy Director, Delvecchio Finley, Associate Administrator, Maggie Rykowski, Director of Regulatory Affairs/Patient Safety Officer and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MAY 8, 2007

Action Taken: The Committee approved the May 8, 2007 closed session minutes, with the correction to the meeting date.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

Action Taken: The Committee accepted the quarterly status report of the CMS Validation Survey.

D) Reconvene in Open Session

The committee reconvened in open session at 5:35 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Catherine Dodd, R.N., Ph.D.
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CANCELLATION NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

0.458
1
/10/07
ancelled

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, July 10, 2007 has been canceled and will not be rescheduled.

For information please call the Commission Office at 554-2666.

10:40 a.m. mst
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(Posted June 26, 2007)

101 Grove Street **San Francisco, CA 94102-4505**

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
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Catherine Dodd, R.N., Ph.D.
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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

20.458
1
/14/07

Tuesday, August 14, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JUNE 12, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of June 12, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **PUBLIC COMMENT****

6) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF JUNE 12, 2007**

FOR DISCUSSION AND POSSIBLE ACTION: **MEDICAL STAFF REPORT**
Jeff Critchfield, M.D., Chief of Staff

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Sue Currin, RN, MS, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

7) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
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American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call

Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

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Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, August 14, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

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14/07

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

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Present: Commissioner Edward Chow, Member
Commissioner James Illig, Member

Absent: Commissioner Lee Ann Monfredini

Staff: Andre Campbell, M.D., Jeff Critchfield, M.D., Sue Currin, Delvecchio Finley, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., John Luce M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Dan Schwager, Sue Schwartz, Iman Nazeeri-Simmons and Troy Williams

2) APPROVAL OF THE MINUTES OF THE JUNE 12, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the June 12, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

PROGRAM UPDATES

Joint Commission Announced Survey
The Joint Commission will be conducting an announced consultative survey and performance review October 22 – 26, 2007 at SFGHMC. As reported in May of this year, the SFGHMC chose to fulfill the Joint Commission Periodic Performance Review (PPR) requirement by selecting option "2". In doing so, it allows the hospital to choose a consultative full announced survey. During this survey the surveyor assesses the hospital against all applicable Elements of Performance using the PPR tool. This full survey will help the hospital prepare for our 2008 unannounced accreditation survey.

Successful Level 1 Trauma Re-verification Survey
The American College of Surgeons Committee on Trauma conducted the Level 1 trauma re-verification survey at SFGHMC last week. The purpose of this site visit is to verify that SFGHMC meets all the criteria established by the ACS Committee on Trauma, for Level 1 Trauma Centers. Thank you to everyone, particularly Patti O'Connor, Bob MacKersie and all of the trauma team for their hard work in preparing for what turned out to be a very successful Level 1 Trauma Re-verification Survey. Although we do not have the final results, the lead surveyor's statement seems to sum it all up. He said, "If I experience a trauma, I want to be taken care of at SFGH." Congratulations to everyone, and a special thank you to all who helped to make this re-verification so successful.

Patient Flow Report for July 2007
Ms. O'Connell presented a snapshot of the hospital's patient flow activities for the month of July. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow.

- Average Daily Census was 437.5 which is 2% over budgeted beds and 92% of physical capacity of the hospital.
  - ADC for Medical/Surgical beds was 233 – this translates into 110% of budgeted beds and 95% of Medical/Surgical physical capacity.
  - ADC for Psychiatry beds was 77, which is 91% of budget and 78% of physical capacity.

- Average Length of Stay:
  - 6.4 days for Medical/Surgical
  - 11.8 days for acute Psychiatry
  - 29.8 days for our Skilled Nursing Ward

- Non-Acute Days:
  - 13.5% of the Medical/Surgical bed days (n =973)
  - 58% of the Psychiatry bed days (1,216)
  - approximately 61% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=1,339)

- Admissions / Discharges:
  - Total number of admissions was 1,433
  - Total number of discharges was 1,385
  - There were 4,144 encounters in the Emergency Department; 18% resulted in an admission.
  - There were 598 PES encounters; 23% were admitted.

Admit From	Med/Surg	Psych	SNF	SFBHC
Emergency Dept	714	1		
Newborn	108			
SFGH Clinic	225	6	1	
SFGH Surgicenter	2		1	
Discharge/Readmit	17	15	32	18
Correctional Fac.		18		
Oth SF Acute Hosp				
Labor and Delivery	122	1		
Psych Emerg	1	138		
Others / Blanks	13			

Discharge to	Med/Surg	Psych	SNF	SFBHC
Home	895	82	20	1
SFGH Longterm	26	2		1
Laguna Honda (new)	24			
Laguna Honda (readmits)	15			
Forensic Fac.	30	31		
AMA	33	4	2	2
SFGH SNF	24		4	4
Oth SF Acute Hosp	20			
Died	34			
Oth Rehab Fac	1	24	1	
SFGH Acute Care	21	13	5	9
Board and Care		4	1	3
Others	31	17		

- Diversion:
  - Emergency Department were on diversion 16% of the time. Diversion was due to bed capacity, overcrowding and high patient acuity.

PES was on Condition Red 35.5% for a total of 264 hours. Condition Red was due to overcrowding.

Clinic Wait Times Report

Ms. O'Connell presented the Clinical Wait Times Report.

Summary of Each Healthy San Francisco Budget Initiative at SFGHMC

1. Family Health Evening Clinic Expansion - $1,183,805 = 12 month budget

Add evening sessions (5-9 pm) Monday through Thursday evenings. With this new program, the goal will be to have 6,000 PC encounters during the evening in the first year, and open 1,500 appointments for new HSF patients.

2. GMC Evening Clinic Expansion - $911, 565 = 12 month budget

We currently have Tuesday evening clinic (5-9pm). Add additional evening sessions on Monday, Wednesday, and Thursday. With this new program, our goal will be to have approximately 5,000 provider encounters during the evening in the first year, with approximately 500 of these allotted for new HSF patient appointments.

3. Family Health Chronic Care Redesign - $2,422,209 = 12 month budget

The SFGH Family Health Center will be the lead primary care clinic for 3 chronic care initiatives, which bring much needed specialty care to the patient in his/her primary care clinic: 1) Diabetes-Endocrine; 2) Back Pain-Orthopedics; 3) Mental Health-Primary Care Interface. We propose using the chronic care expansion initiative to expand our new chronic illness management programs, including group-based care, telephone disease management, registry-based care, a new model of team-base care using Health Workers, and nurse case management. We project 11,665 additional patient encounters per year. This expansion will significantly improve our capacity to decrease wait times for both primary and specialty care.

4. GMC Chronic Care Redesign & Continuity Redesign - $1,676,471 = 12 month budget

The General Medicine Clinic's ability to provide continuity of care and expand access to care is hindered by our staffing model, which relies primarily on internal medicine residents from UCSF. The problem is that the residents are only in clinic ½ day per week and frequently miss sessions because of residency work hour limitations. We propose utilizing NPs as continuity providers who will provide the "team glue" for a team of residents, attending physicians, and nursing staff. NPs will see team patients as drop-ins or on scheduled visits in the absence of the resident primary care provider, thus providing more continuity and better "hand offs" for ill patients. In addition, we propose that GMC be the lead primary care clinic for 2 chronic care projects (Heart Failure and Asthma/COPD [chronic obstructive pulmonary disease]. The Heart Failure, Asthma, and GMC Continuity projects together will see 9,355 additional visits.

5. Medicine Specialty Wait Times Reduction - $1,316,497 = 12 month budget

We are requesting resources to increase capacity in medical subspecialty clinics to address the current needs of CHN and consortium patients, as well as new capacity expected for new HAP enrollees. The need for subspecialty care for patients who are already in the referral base exceeds current capacity, as demonstrated by wait times that far exceed the standard of care in the

community. Add 1.0 FTE Physician in the following specialties: Gastroenterology, Endocrinology, Nephrology, Pulmonary, and Rheumatology.

6. Surgical Specialty/Radiology Wait Times Reduction & eReferral Implementation(Nurse Practitioners) - $1,447,292 = 12 month budget

Implementation of an internet-based system (eReferral) for efficiently managing outpatient consultation requests at selected specialty clinics. This program will increase access to specialty appointments and result in:

1. Improved allocation of specialty appointments
2. More optimal utilization of clinic visits
3. Improved communication between referring providers and specialty clinics
4. Better matching of specialty services with available resources based on evidence-based policies and guidelines

This program provides for surgical specialists(MD's) to train Nurse Practitioners to review 100% of referrals as to their appropriateness and priority. By doing so, we have found that 30 % of referrals are unnecessary and do not need to be scheduled, i.e. "eliminating unnecessary appointments and costs to the system". As a result, the "real" and appropriate appointments are made sooner, thereby decreasing wait times for the next available appointment. The San Francisco Health Plan(SFHP) will provide matching initial funding in the amount of $800,000, for physician & IT costs . The goal is for improvements in wait times in all surgical specialty clinics to 30 days or less for next available appointment.

7. HSF Hospital Ancillary & Diagnostic Costs (Bi-Plane IR) - $1,960,713 = 12 month budget

Diagnostic & Ancillary Costs in all Hospital Departments & Visit/Encounter & Number of Tests/Exams/Studies for Projected 3,000 Capacity Expansion in HAP Out-Patient Primary Care-Year 1 (Revised 3/16/2007 Per Valerie Inouye Directive)

Commissioners' Comments

- Commissioner Chow asked for a status report on the helipad. Ms. O'Connell said it is still in the Planning Department. The Mayor's Office has been meeting with the anti-helipad people and hospital staff provided detailed information to the Mayor in preparation for these meetings. At the Medical Staff dinner the Mayor said he supports the helipad. Commissioner Chow noted that PES was on Condition Red 35.5% of the time and asked why it continues to be so high. Ms. O'Connell said the anticipation is that this number will go down when the ADU is open. She will be tracking this closely.

- Commissioner Illig asked for a copy of the information that was provided to the Mayor's Office. Commissioner Illig would information about the cost of non-acute days to the general fund. Commissioner Illig said the 5150 Task Force is returning to the CHN JCC in the next few months to report if there has been any relief. Based on the numbers, it does not appear so. Ms. O'Connell said there will not be any relief until the ADU opens. Commissioner Illig said everyone must take responsibility to see that the ADU and the reduction of PES beds is successful. The Board of Supervisors is keeping an eye on this. Commissioner Illig asked how often wait times would be reported. Ms. O'Connell said this data is the baseline and in six months they will have a track record. Commissioner Illig asked if we track Consortium clinic patients who come to SFGH for specialty care. Ms. O'Connell said they do not. Commissioner Illig said the Community Clinic Consortium

receives $3 million from CPMC for specialty care so patients do not have to go to SFGH. We need to make sure that they do this, to take some of the burden off of SFGH. Dr. Luce said a lot of patients see doctors at both SFGH and Consortium clinics, even for primary care. Once they are identified as having a medical home, they should be able to better track this.

- Commissioner Chow said Healthy San Francisco will help out quite a bit with this. Commissioner Chow looks forward to being able to track outcomes for each initiative.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

July 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 4.5%

AREA	*RN VACANCY RATE*	*NO. VACANT FTE*	*TRAINING PROGRAMS*
Med/Surg (includes 4A/SNF unit and 4B/Stepdown unit)	2.3%	4.7 FTE	Applicants in the summer training program will be placed in approved vacant requisitions.
Critical Care (Includes 4E/5E/5R)	6.8%	7.2 FTE	Ongoing recruitment / summer training program in progress and fall training program is scheduled.
Perinatal (includes 6C Birth Center & 6H Infant Care Center)	1.3%	0.9 FTE	Hiring in progress for open and approved positions.
Perioperative (includes OR/PACU/Surgi-center)	1.9%	1.0 FTE	Recruitment ongoing.
Emergency	3.5%	2.5 FTE	Summer training program in progress and fall training program is scheduled.
Psychiatry (includes PES & acute inpatient units only)	9.8%	8.7 FTE	Per diem applicants will be placed on all open and approved requisitions.
Behavioral Health Center	0.0%	0.0 FTE	

Clinics (includes Specialty clinics/ hosp.based Primary Care).	9.1%	5.5 FTE	Ongoing recruitment.
TOTALS	**4.5%**	**30.5 FTE**	

SFGH RATIO STAFFING DATA: By Number of Shifts – 07/01/07 to 07/31/07

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	1	0
Area unable to cover breaks	0	0	0	0	0	5	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

RN Internship Program

The final class for Enrichment Program participants was conducted on July 27, 2007. The program participants are now working to complete their pre-identified individualized learning goals. The new graduates have started assignments in medical-surgical areas. Seven program participants will take part in the new graduate portion of the Internship Program. Current data analysis shows a positive trend towards a significantly better turnover rate at the one-year of hire mark between new graduates that participate in the Internship Program compared to those who do not. Internship participants have a 7% turnover rate at one-year compared to 16% for new graduates who are not in the program.

Recruitment

The medical-surgical training program has started July 9, 2007. Due to our extremely low vacancy rates, it appears that critical care may be the only area that will conduct a Fall training program.

Retention

Two DAISY awards were presented on July 27, 2007. Erwin Villanueva RN, unit 5D was honored for his leadership in saving the life of a patient who was attempting to suicide by jumping out a fifth floor window. Erwin has worked at SFGH as an LVN and returned to City College to complete the RN program. In the past year, Erwin has advanced his RN skills, functioning as both a preceptor for new 5D staff and learning the Charge RN role. The second recipient was Maya Vasquez RN, from

the SFGH Birth Center. Maya is the Lactation Consultant in the Birth Center. Maya's work has been instrumental in the successful certification of SFGH as one of 53 Baby Friendly hospitals in the US. Maya's dedication to her patients and the significance of patient education is respected and admired by her colleagues and her patients alike.

Northern California Brain Injury Provider Network Event

San Francisco General Hospital Medical Center (SFGHMC) hosted the Northern California Brain Injury Provider Network on August 1, 2007. The Northern California Brain Injury Provider Network is an interdisciplinary association that brings together healthcare providers to discuss current traumatic brain injuries topics that include regulatory issues, clinical advances, education and resources. SFGHMC's Twyila Lay, Neurotrauma Nurse Practitioner, presented "How to Develop a Neurotrauma Program" and Dr. Shirley Stiver, neurosurgeon, presented a lecture on "Decompressive Hemicraniectomy for Traumatic Brain Injury: Indications and Complications." In attendance were representatives from the Center for Neuroskills (Bakersfield), Learning Services (Gilroy), CareMeridan (Gilroy, Marin, Fresno, Sacramento and Southern California), Eden Hospital (Castro Valley), Laurel Grove Hospital (Castro Valley), California Pacific Medical Center (San Francisco), and SFGHMC. Participants included a neuropsychologist, nurse, social worker, physical and occupational therapist, case manager, clinical liaison and discharge planner.

Patient Care Documentation Project

The Patient Care Documentation Project is a multiphase conversion of handwritten patient documentation to electronic patient documentation in the inpatient area. The first phase, vital signs and intake & output, went live June 19, 2007 on one pilot unit, 5A. The staff entered the patient data on the wireless, mobile computers on wheels. The data was instantly available online to providers and the interdisciplinary team. The "Go Live" pilot was so successful that the superuser resource staff requested to roll out to the next unit as soon as possible. 5C, 5D, 6A and 7D subsequently have gone live one month ahead of the target dates. Our superuser resource group are exemplary champions for this change. They have trained staff, acted as resources and monitored the change. Nursing staff are adjusting to the change but enthusiastic, overall, and providers have been complimentary, estimating saving 1-2 hours of efficiency per day from eliminating searching for paper records.

The next phases will be the frequent assessments, followed by shift assessments, followed by the Admission Database, followed by Care Planning. At the conclusion, we will be able to tell the story of the patient electronically, share the story with all disciplines and improve patient safety and quality of care.

SFGHMC Baby-Friendly Recognition

The World Health Organization and Baby Friendly USA recognized San Francisco General Hospital as the first baby-friendly hospital in San Francisco (second in the whole Bay Area), in May 2007. In collaboration with the SFGH Foundation, the hospital plans to celebrate this achievement with a reception tentatively scheduled for September 20, 2007. The hospital's Baby Friendly Task Force expects the attendance of the Mayor, Health Commissioners, Dr. Katz and the Leadership Team of SFGH during this event.

CONGRATULATIONS to all the members of the Perinatal Services Team for their leadership and all the SFGH staff who worked very hard in making this project a success.

ED Triage Remodel Update:
As of 08/08/07, the ED Triage Remodel project status is as follows: the drywall is complete, painting is underway, the furniture and computer equipment orders are being finalized and the flooring in the main area has been installed. The project is nearing the completion of Phase I. The staff is anticipating using the new space to care for patients during the 1st week in November. The new Project Coordinators are extremely organized and communicate with the ED Leadership on a regular basis. Phase II will involve the security doors and the institution of the card key access program.

Quality Management Reporting Calendar:
Ms. Currin presented the Quality Management Reporting Calendar.

Commissioners' Comments

- Commissioner Chow asked if the Patient Care Documentation Project is also creating electronic ordering. Ms. Currin said not at this point.

- Commissioner Illig asked if the rebuild will have an IT component. Ms. O'Connell said it will but we are not there yet. Dr. Luce added that staff is actively evaluating various models. Commissioner Illig said the Commission will be taking a careful look at the Department's IT plan and hopefully by next budget year there can be funding for our priorities.

- Commissioner Chow is interested in SFGH's priorities. Dr. Luce said the IT Committee has become part of the Medical Staff in order to get more medical staff involvement, so there now is a mechanism for prioritization. Commissioner Chow said the Commission wants to be more proactively involved rather than just react to the budget. We have an enormous contract with Siemens and we want to make sure this contract moves us toward electronic records.

5) PUBLIC COMMENT

None.

6) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Jeff Critchfield, M.D., Chief of Staff, Andre Campbell, M.D., Past Chief of Staff, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Associate Administrator, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, Executive Administrator, Dan Schwager, Director of

Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Delvecchio Finley, Associate Administrator, Troy Williams, Director of Risk Management, and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 12, 2007

Action Taken: The Committee approved the June 12, 2007 closed session minutes.

MEDICAL STAFF REPORT

Action Taken: The Committee accepted the Medical Staff Report.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

D) Reconvene in Open Session

The committee reconvened in open session at 5:30 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

7) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Tuesday, September 11, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

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Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE AUGUST 14, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of August 14, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, Executive Administrator, SFGHMC)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **JOINT COMMISSION CORE MEASURES**
(Sue Schwartz, Quality Improvement Manager)
**Core Measures*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 14, 2007**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY**
John Luce, M.D., Chief Medical Officer
Sue Currin, RN, MS, Chief Nursing Officer

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

0 458
11/07

Tuesday, September 11, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:00 p.m.

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Present: Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

Staff: Andre Campbell, M.D., Jeff Critchfield, M.D., Sue Carlisle, M.D., Sue Currin, Deborah Draper, Delvecchio Finley, Myra Garcia, Valerie Inouye, Kathy Jung, Jay Kloo, Sharon Kotabe, Pharm. D., John Luce M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Roland Pickens, Dan Schwager, Sue Schwartz, Iman Nazeeri-Simmons and Troy Williams.

2) APPROVAL OF THE MINUTES OF THE AUGUST 14, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the August 14, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

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5) **FOR DISCUSSION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 11, 2007**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT AND JOINT COMMISSION SURVEY REVIEW**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Director of Quality Management

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 14, 2007*
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

***THIS MEETING WAS RESCHEDULED FROM TUESDAY, NOVEMBER 13, 2007**

Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE SEPTEMBER 11, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of September 11, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Roland Pickens, Associate Administrator)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, R.N., Nursing Director, Perioperative Services)
**Report*

PROGRAM UPDATES

SFGH Foundation's Staff Appreciation Lunch

The San Francisco General Hospital Foundation will be hosting its annual staff appreciation lunch on Friday, September 14. The lunch is to recognize the hard work of SFGH staff. A prominent aspect of the lunch will be a raffle drawing with many nice prizes, with the grand prize being a trip for two to Las Vegas. The proceeds of the raffle will go to support the work of the Volunteers. The lunch will begin at 11:30 AM.

Gene O'Connell Attends NAPH Events

Next week Ms. O'Connell will be attending the National Association of Public Hospitals and Health Systems (NAPH) Fall Legislative Event. One of the pressing topics at the federal level is the proposed regulations to substantially cut Medicaid payments to safety net hospitals. Additionally, Ms. O'Connell will be speaking with other hospital leaders on addressing health care disparities.

Rebuild Update

The San Francisco Planning Department conducted a Public Scoping Meeting on the San Francisco General Hospital New Construction on August 28th. The purpose of the meeting was to assist the Planning Department in defining the scope and content of the environmental impact analysis and information to be contained in the Environmental Impact Review (EIR) for the project. Approximately 15 attendees provided oral testimony and the Planning Department staff reminded the audience that written comments were accepted until the end of the review period on September 10, 2007.

The Rebuild User Group meetings continue with strong attendance. The objective for these meetings are to finalize and complete a floor plan layout for each departmental area.

American Diabetes Association Certification Celebration

On August 29th, SFGHMC hosted a celebration to acknowledge the hard work that ultimately paid off in receiving ADA certification. The General Medicine Clinic and Family Health Center diabetes education programs received formal recognition from the American Diabetes Association in April for meeting its National Standards for Diabetes Patient Education. ADA certification enables SFGHMC to bill Medicare for diabetes education provided in these clinics. It also provides guidance based on national standards and practice to our diabetes education programs. The year-long effort for gaining certification was made possible by a SFGHMC Foundation Hearts grant and many many dedicated practitioners including Amalia Fyles, Diabetes CNS.

Compliance Office Update

The Compliance Office presented its semi-annual update to the hospital Executive Staff. This update included an overview of the types of issues that Medicare routinely audits as well as information on audits conducted by the Compliance Office in the outpatient clinics. The update also included a list of frequently asked questions and the Compliance Office is in the process of finalizing this list, with their answers, for the next Medical Staff Newsletter.

The Compliance Office has also successfully ensured that all billable providers at SFGHMC have obtained a National Provider Identifier, or NPI, which is a new billing identifying number required under HIPAA for all electronic transactions. Failure to obtain numbers for all providers by the deadline would have resulted in delayed bills and reimbursement.

The update concluded with the Compliance Office's goals for the next six months which will be to focus on (1) Compliance Awareness Month (November) and special training sessions for managers on fraud and abuse, use of the Compliance Hotline, and what managers should know if they have a whistleblower in their area; (2) focused training for primary care on proper completion of the encounter forms, and (3) ongoing coding and documentation audits in the outpatient clinic.

This update was presented by Yvonne Lowe, the CHN Compliance Officer. She has been doing a wonderful job and we are very lucky to have her.

Patient Flow Report for August 2007

Please find attached a snapshot of the hospital's patient flow activities for the month of August. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow. The hospital is in the process of acquiring a performance measure scorecard and project management product from a New York based company, Performance Logic. The web-based product is called Health Commander and will allow us to track data trends and present data in a clearer more user-friendly way.

- Average Daily Census was 443.4, which is 3% over budgeted beds and 93% of physical capacity of the hospital.
  - ADC for Medical/Surgical beds was 232 – this translates into 110% of budgeted beds and 95% of Medical/Surgical physical capacity.
  - ADC for Psychiatry beds was 81, which is 96% of budget and 82% of physical capacity.

- Average Length of Stay:
  - 5.8 days for Medical/Surgical
  - 14.3 days for acute Psychiatry
  - 24.3 days for our Skilled Nursing Ward

- Non-Acute Days:
  - 15% of the Medical/Surgical bed days (n =1,087)
  - 46% of the Psychiatry bed days (1,140)
  - Approximately 62% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=1,372)

- Admissions / Discharges:
  - Total number of admissions was 1,536
  - Total number of discharges was 1,532
  - There were 4,213 encounters in the Emergency Department; 19% resulted in an admission
  - There were 588 PES encounters; 26% were admitted

Admit From	Med/Surg	Psych	SNF	SFBHC
Emergency Dept	778	4		
Newborn	130			
SFGH Clinic	223	2	1	

SFGH Surgicenter	1			
Discharge/Readmit	13	21	32	15
Correctional Fac.	1	13		
Oth SF Acute Hosp	3	1		
Labor and Delivery	142			
Psych Emerg	2	154		
Others / Blanks	1			

Discharge to	Med/Surg	Psych	SNF	SFBHC
Home	1029	113	29	3.
SFGH Longterm	27	2		1
Laguna Honda (new)	21			
Laguna Honda (readmits)	30	1		
Forensic Fac.	31	29		
AMA	39	2	1	1
SFGH SNF	5			
Oth SF Acute Hosp	28			1
Died	32			
Oth Rehab Fac	18	4		
SFGH Acute Care	19	7	2	4
Board and Care	6			3
Others	4	34	1	2

- Diversion:
  - Data not available

Commissioners' Comments

- Commissioner Illig requested a breakdown of denied and administrative days for Acute Psych.

- Commissioner Chow asked if Health Commander would be able to track past data.. Ms. Currin said staff will load data going back two years, focusing on clinical data first and then on financial data.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

August 2007 2320 RN VACANCY RATE:
Overall 2320 RN vacancy rate for areas reported is 5.06%

SFGH RATIO STAFFING DATA: By Number of Shifts – 08/01/07 to 08/31/07

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Pychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	0	0
Area unable to cover breaks	0	0	0	0	0	9	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

RN Internship Program

Approximately 35 RNs completed the Preceptor training in August. The scheduled two-day course received extremely positive evaluations from the attendees. Participants expressed an interest in having ongoing pre-scheduled meetings to discuss the issues that come up during their precepting experience and to discuss ongoing improvements to precepting practices. Eight new graduate RNs are scheduled to begin classes on September 5, 2007. The eight new graduates meet monthly to foster the development of critical thinking skills and clinical judgment, as well as discuss all aspects of the RN role and participate in peer led discussions on the new graduate experience.

Recruitment

No update due to low vacancy rate and surplus of existing applicants.

Retention

The first cohort in the ADN to MSN program at the University of San Francisco began classes on August 29, 2007. Twelve SFGH RNs are participating in the program that will enable them to receive a graduate degree as a Clinical Nurse Leader. The BSN to MSN cohort has started the third semester of their program.

In order to promote an optimal work environment, a final draft of the grant proposal, "San Francisco General Hospital Data Center and Electronic Medication Administration Record" will be submitted to the Gordon and Betty Moore Foundation on September 7, 2007. The proposal requests $2.2 million for a new server center and the implementation of an electronic MAR. SFGH expects notification of grant status by September 28, 2007.

Commissioners' Comments

- Commissioner Chow noted that there were nine shifts were nursing ratios were not met. This seems to be one of the highest the hospital has ever had. Ms. Currin said this occurred in Psychiatry, which has had a high census. In addition, there were multiple sick calls on the night shift. They have given notice to several nurses to move from the day and evening shifts to the night shift in order to address this.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

MEC Leadership Retreat to Review the Facility Master Plan
The medical staff is very active in the various user groups that are meeting biweekly with architects from Fong and Chan for the design phase of the new hospital. However, the Medical Executive Committee has discussed that although individuals are well informed of the planning around their specific areas, they are not as knowledgeable about how all of the pieces fit together. Accordingly, we agreed to devote four hours to go off-campus for a retreat to review the Facility Master Plan. In addition to the MEC members, we will also invite the Division Chiefs, hospital executive staff, and other key managers. We hope that this retreat will bring our physician leaders up to the same knowledge level and also provide the groundwork so that they have sufficient and accurate information to use in support of the ballot initiative for the re-build. The target date for this retreat is November 4.

PRIME-US – Program in Medical Education for the Urban Underserved
The UCSF School of Medicine has developed a new initiative to train future leaders of medicine in the care of vulnerable populations. PRIME-US, the Program in Medical Education for the Urban Underserved, is a 5 year track with a uniquely designed curricular and clinical initiatives to develop expertise in the care of traditionally urban underserved populations. SFGHMC will play a prominent role in the development and implementation of this new track. The Dean of the Medical School has appointed the following SFGHMC medical staff members to the program's leadership:

Director of Prime-US	Elizabeth Wilson, M.D. (FCM)
Executive Director of Prime US	Alma Martinez, MD, (Peds)
Chair of Executive Committee.	Kevin Grumbach, MD (FCM)

A special thanks to Roland Pickens, Associate Administrator, for his role in facilitating the planning on the hospital side.

Pneumoccocal and Influenza Vaccinations
The medical staff has developed a new Policy and Procedure on Pneumococcal and Influenza Vaccinations. This new practice sets forth specific criteria for licensed and vocational nurses and licensed psychiatric technicians to follow for screening patients and administering vaccines. It is being implemented in the primary care clinics, ED, PES, BHS and the SNF.

Informed Consent Initiative
Per the request of MEC, the Risk Management Department has developed a new initiative around issues relating to informed consent. The initiative includes a new consent form which is more readily understand by our patients that will also be a good training tool for teaching our medical students and residents the basic elements that must be included in the consent process. We have also

identified specific procedures performed outside of the operating room that require consent. We will be attaching the new consent form with a one-page fact sheet to all procedure trays. The fact sheet includes information on informed consent, the universal protocol (mark the spot and time outs), and levels of sedation.

Special thanks to John Luce MD, Andy Brunner, and Troy Williams for their outstanding work and leadership on this project.

6) JOINT COMMISSION CORE MEASURES

Sue Schwartz, Quality Improvement Manager, presented an update on Joint Commission Core Measures. Joint Commission core measure data is collected for four conditions: pneumonia (PN), heart failure (HF), acute myocardial infarction (AMI) and surgical care improvement (SCIP). Data is submitted quarterly to JCAHO, CMS and CHART. SFGH compliance is near or above the University Health System Consortium (UHC) average on most core measure indicators. Ms. Schwartz highlighted first quarter 2007 improvements:

- PN – Antibiotics given within four hours of arrival: improved compliance from 49% (Q4 2006) to 70% (Q1 2007)
- PN – Influenze Vaccination: Improved from 41% (Q4 2006) to 54% (Q1 2007)
- HF – Discharge Instructions include weight monitoring: improved from 31% (Q3 2006) to 51% (Q1 2007)
- SCIP – Prophylatic Abx Selection: improved from 64% (Q3 2006) to 100% (Q1 2007)

Commissioners' Comments

- Commissioner Chow asked about efforts to improve weight monitoring. Ms. Schwartz said SFGH tried different things with its population to get people to weigh themselves on a daily basis.

7) PUBLIC COMMENT

None.

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 3:35 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Monfredini, Jeff Critchfield, M.D., Chief of Staff, Andre Campbell, M.D., Past Chief of Staff, Sue Carlisle, Associate Dean, UCSF, Sue Currin, Chief Nursing Officer, Deborah Draper, MSSD Analyst, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Associate Hospital Administrator, Jay Kloo, Regulatory Affairs, Sharon Kotabe,

Pharm. D., Associate Administrator, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Heatlh Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Administrative Operations, Gene O'Connell, Executive Administrator, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Delvecchio Finley, Associate Administrator, Troy Williams, Director of Risk Management, and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 14, 2007

Action Taken: The Committee approved the August 14, 2007 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, AND CMS VALIDATION SURVEY

Sue Currin, R.N., Chief Nursing Officer, presented the Nursing Services Performance Improvement Report.

D) Reconvene in Open Session

The committee reconvened in open session at 5:30 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

   Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 4:35 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

City and County of San Francisco
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RESCHEDULE NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

.458
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The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, November 13, 2007 has been rescheduled to Wednesday, November 14, 2007.

An agenda will follow.

For information please call the Commission Office at 554-2666.

11-07-07P10:38 RCVD

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

GOVERNMENT DOCUMENTS DEPT
MAR 22 2011
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Wednesday, November 14, 2007*
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

***THIS MEETING WAS RESCHEDULED FROM TUESDAY, NOVEMBER 13, 2007**

Commissioner Lee Ann Monfredini, Chair
Commissioner Edward Chow, Member
Commissioner James Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE SEPTEMBER 11, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of September 11, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Roland Pickens, Associate Administrator)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Terry Dentoni, R.N., Nursing Director, Perioperative Services)
**Report*

5) **FOR DISCUSSION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 11, 2007**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT AND JOINT COMMISSION SURVEY REVIEW**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Director of Quality Management

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL (SFGH) MEETING

Wednesday, November 14, 2007
3:00 p.m.
1001 Potrero Avenue, Conference Room #2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, Member
Commissioner James Illig, Member

Absent: Commissioner Lee Ann Monfredini, Chair

Staff: Andre Campbell, M.D., Jeff Critchfield, M.D., Sue Carlisle, M.D., Terry Dentoni, Delvecchio Finley, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., John Luce M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Marti Paschal, Roland Pickens, Dan Schwager and Sharon McCole-Wicher.

2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 11, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the September 11, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Roland Pickens, Associate Administrator, presented the Adminstrator's Report.

PROGRAM UPDATES

Joint Commission Announced Survey
The Joint Commission conducted a Periodic Performance Review (PPR) announced survey at SFGHMC from October 22 -26, 2007. This review included a full hospital accreditation survey, review of our Bridge to Wellness program, and review of our Medical / Surgical and Behavioral Health Long-Term Care programs.

The Joint Commission was very thorough and SFGH is thankful it opted for this review. The surveyors were consultative and shared many helpful suggestions and advice in preparation for our full accreditation survey next spring. The overall assessment by the hospital is that the PPR survey was a useful tool in guiding performance improvement and patient safety.

NAPH Fall Conference
Ms. O'Connell attended the National Association of Public Hospitals and Health Systems (NAPH) Fall Conference: Current and Emerging Policy Issues Facing the Safety Net. Topics explored included the systemic problems of quality, cost, and access to care, various reform proposals, congressional politics, obesity treatment programs, hospital-based palliative care, and coalitions and health reform.

Rebuild Update
A Medical Staff Leadership Retreat on the rebuild of SFGH was held on November 1 at the Mission Bay Community Center. The retreat provided an update on the project's progress in the Planning Department, including the approved shape of the building, renderings, and basic floor plates. Erin McGrath of the Mayor's Office of Economic and Workforce Development and consultant Marc Primeau gave a presentation on the general obligation bond process and provided an overview of successful and unsuccessful bond measures in the past. The user group meetings will resume this week with the goal of completing the schematic designs in March 2008.

Grants and Awards
SFGH received two grants from the Gordon and Betty Moore Foundation, the first for $1.6 million to fund a mobile data center to alleviate conditions in the Hospital's overcrowded and underpowered data center which houses most of the hospital's computer servers. The "data center in a box" will allow the Hospital to support the replacement of critical care systems and a new materials management system until a new data center can be built. The Moore Foundation also awarded SFGH $625,000 for the implementation of an electronic medication administration system, a patient safety item that allows staff to enter medication orders electronically then chart the medications without rewrites.

SFGH received a grant of $150,000 from the Kaiser Permanente Community Benefits Program to expand quality improvement programs at the Hospital, including patient safety initiatives of preventing Central Line Infections, Ventilator Associated Pneumonia, and Surgical Site Infections, expanding the i2i Chronic Disease Registry, and expanding users for Performance Logic, the Project Management and Data Dashboard tool. Kaiser Permanente Community Benefits Program also awarded SFGH $400,000 for the Prevent Heart Attacks and Strokes Everyday (PHASE) initiative. The PHASE project will fund strategies in the General Medical Clinic, Family Health

Center, Ocean Park Health Center, and Chinatown Public Health Center to prescribe a combination of pharmaceuticals and promotion of healthy lifestyle choices. The grant will fund the establishment of the PHASE pilot sites, training curriculum for those clinics' staff, and the development of a more comprehensive tracking system for patients enrolled in the project.

CHART Patient Experience Survey Report Deferred to January 2008

Due to the Joint Commission survey, the regularly scheduled Performance Improvement and Patient Safety Committee was not able to review and approve the CHART Patient Experience Survey Report. The revised schedule will have the report to the SFGH JCC in January.

Patient Flow Report for October 2007

Mr. Pickens presented a snapshot of the hospital's patient flow activities for the month of October, which was attached to the committee packet. This report included the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. Staff also included some charts that depict our daily census by acute, administrative and decertified days. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow. The hospital acquired a performance measure scorecard and project management product from a New York based company, Performance Logic. The web-based product is called Health Commander and will allow SFGH to track data trends and present data in a clearer more user-friendly way.

- Average Daily Census was 455.1, which is 6% over budgeted beds and 95% of physical capacity of the hospital.
  - ADC for Medical/Surgical beds was 241 – this translates into 114% of budgeted beds and 99% of Medical/Surgical physical capacity.
  - ADC for Psychiatry beds was 82.2, which is 98% of budget and 84% of physical capacity.
  - As depicted in the attached charts, our ADC for Medical/Surgical and Skilled Nursing beds are increasing and decreasing for Psychiatry.

- Average Length of Stay:
  - 6.3 days for Medical/Surgical
  - 13.0 days for acute Psychiatry
  - 29.8 days for our Skilled Nursing Ward
  - Projecting for the fiscal year, we see a 1.7% increase in length of stay for Medical/Surgical and 11.3% for Psychiatry beds. This is based only on four months and may change significantly as the year continues. The SFBHC had a large increase in length of stay but because the number of discharges is small, outliers can really skew the average.

- Non-Acute Days:
  - 13% of the Medical/Surgical bed days (n =1,001). 11% are administrative days and 3% are decertified days. This is within 1% of the average for the fiscal year to date.
  - 54% of the Psychiatry bed days (1,372). 35% are administrative days and 19% are decertified days. This is within 1% of the average for the fiscal year to date.
  - Approximately 54% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=1,289).

- Admissions / Discharges:
  - Total number of admissions was 1,372
  - Total number of discharges was 1,393
  - There were 4,080 encounters in the Emergency Department; 19% resulted in an admission
  - There were 612 PES encounters; 25% were admitted
  - Projecting for the year, we will see a 6% increase in Emergency Department encounters and a 9% increase in PES encounters.

Admit From	Med/Surg	Psych	SNF	SFBHC
Emergency Dept	695			
Newborn	106			
SFGH Clinic	191	1		
SFGH Surgicenter	2			
Discharge/Readmit	9	20	32	12
Correctional Fac.	2	30		
Oth SF Acute Hosp	2			1
Labor and Delivery	119			
Psych Emerg		149		
Others / Blanks	1			

Discharge to	Med/Surg	Psych	SNF	SFBHC
Home	879	113	22	1
SFGH Longterm	29	2		
Laguna Honda (new)	28			
Laguna Honda (readmits)				
Forensic Fac.	26	31		
AMA	39	4	3	2
SFGH SNF				
Oth SF Acute Hosp	33	2	4	
Died	26			
Oth Rehab Fac	22	7	2	
SFGH Acute Care	17	6	2	4
Board and Care	8	2		4
Others	41	32		2

- Diversion:
  - SFGH had 46 episodes of full diversion, 173 hours, which equates to 23% of the time.
  - PES was on condition red 380 hours or 51% of the time.

Committee Comments

- Commissioner Illig said there is a hearing at the Board of Supervisors to consider putting money back into SFGH for inpatient psych. Progress Foundation will not be able to open the ADU until approximately July. Commissioner Illig said we do not seem to be doing any better with regard to psychiatric administrative days. What are we doing to address this? Ms. Dentoni said Liz Gray's placement team meets daily at SFGH to review patients. They also have started doing assessments on day one. There still do not seem to be enough long-term placements.

- Commissioner Chow asked if SFGH discharges to community SNFs. Dr. Critchfield said they do have contracts with agencies such as Kindred. Dr. Chow said the fact that St. Francis has bed holds with Kindred and others is problematic for short-term skilled nursing. Commissioner Chow asked what the plan is for decertified beds. Ms. McCole Wicher said they will continue to collaborate with CBHS and continue to look at out-of-county beds. The bottom line is that there are insufficient long-term care beds.

4) PATIENT CARE SERVICES REPORT

Terry Dentoni, R.N., Nursing Director, Perioperative Services, presented the Patient Care Services Report.

October 2007 2320 RN VACANCY RATE
Overall 2320 RN vacancy rate for areas reported is 3.40%

SFGH RATIO STAFFING DATA: By Number of Shifts – 10/01/07 to 10/31/07

	Critical Care	PACU	Medical Surgical	Pediatrics	Perinatal	Psychiatry	ED
	1:2	1:2	1:5	1:4	Varies	1:6	Varies
Area unable to meet minimum ratios	0	0	0	0	0	0	0
Area unable to cover breaks	1	0	1	0	0	5	0
Surgeries postponed related to ratios	0	0	0	0	0	0	0
Admissions held related to ratios	0	0	0	0	0	0	0
Beds closed / ED zone closed related to ratios	0	0	0	0	0	0	0
ED diversion related to ratios	0	0	0	0	0	0	0

RN Internship Program
New graduate program continues with eight participants. RN Professional Role training continues with trainings focused on MERT team and the use of the O'Rourke tools in fostering role based practice.

Recruitment
The nurse recruiter attended the UCSF job fair scheduled on November 1, 2007 and the USF Career Fair on November 5, 2007. Applications are being accepted for training programs in 2008. New graduate RN interest in careers at SFGH remains very high. At present, it appears that there will be a limited number of positions available for the training programs in early 2008. Vacancy rate continues to remains low; per diem/as needed staff are accepting permanent positions when they become available.

Retention
The eMAR/Data Center Proposal to the Gordon and Betty Moore Foundation has been approved for $2.26 million. Grant Letter Award Agreement will be forwarded to the SFGH Foundation. For the remainder of this calendar year, the eMAR project will focus on installation of the data center.

Professional Development
The first Nurse Leaders Retreat for members of Local 856 was held on October 29, 2007. A total of 77 nurse leaders throughout DPH including CBHS, Jail Health, LHH, Maternal Child Health, Health at Home and SFGH attended the retreat. Conference speakers included Gene Marie O'Connell, Dr Judith Karshmer, Dean USF School of Nursing, Julie Kliger from the UCSF Center for the Health Professions and Dr Catherine Dodd, Health Commissioner. Participants were challenged to lead the DPH nursing workforce to address current and future demands including Healthy San Francisco, advances in nursing education, utilization of evidence in practice and the professional role of the registered nurse. Attached are the abstracts of the seven award recipients.

UCSF Stanford Center for Research & Innovation in Patient Care/2007 Research in Action Day-Podiums & Posters
Research Days 2007 is a two-day educational conference presented by the UCSF Stanford Center for Research & Innovation in Patient Care. The conference celebrates nursing practice excellence, innovation, and the spirit of inquiry that sparks research and quality improvement in patient care. Research in Action is a joint venture with SFGH, Stanford, UCSF, Kaiser and other hospitals.

Five Clinical Nurses attended the Research Role Development Workshops scheduled on October 24, 2007 and eleven Clinical Nurses attended Research in Action - Podiums & Posters scheduled on October 25, 2007.

A total of 12 presentations were chosen from over 50 submissions from the UCSF, Stanford and sponsoring institutions. Of the 12 that were selected, two were from SFGH. One was Prevention of Ventilator Associated Pneumonia Using Critically Selected Interventions by Linda Kopp, RN and the other was Evaluation of Foot Screening Intervention Among Diabetics with Foot Risk in an Ambulatory Setting by Amalia Fyles, RN.

Of the three awards for best poster, SFGH won two, Best Overall, receiving the highest points in both Best Visual and Most Clinically Useful:

1. Glycemic Control among Patients Receiving Diabetes Chronic Care Nurse Support **Nancy Parker, Amalia Fyles** and **Igor Berman**, *San Francisco General Hospital*

2. Nursing Initiated Education Project to Reduce Peripherally Inserted Central Catheters Infections **Sarah Lee** and **Ngozi Onyike**, *San Francisco General Hospital*

Committee's Comments

- Commissioner Illig asked if SFGH's requisitions are being held. Mr. Pickens and Ms. Dentoni said they are being held, for all positions—RNs, social workers, clerks and others. Requisition approval trickles in for RNs.

- Commissioner Chow asked if there is a sharing of information between SFGH and LHH regarding nursing best practices and other things. Ms. Dentoni said that do collaborate with LHH. For example, the wound care nurse at LHH formerly worked at SFGH. The Nursing Leadership Council also provides a forum for collaboration.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

ANNOUNCEMENTS

Changes in the leadership of Clinical Services
Dr. Mark Wilson was unanimously accepted as the incoming Chief of the Radiology Service. He was Chief of Interventional Radiology then served as the acting Chief of Radiology for the past academic year.

Dr. Susan Sniderman has been serving as the Acting Chief of Pediatrics while the search for a replacement Chief is ongoing.

Talmadge King, MD, SFGH Medicine Chief, has accepted the Chair of UCSF Medicine position. Dr. Hal Yee has been appointed as Interim Chief of the SFGH Medicine Service. Dr. Ted Miclau, Chief of Orthopedics is chairing the search committee to identify a Chief of Medicine.

Dr. Alan Gelb, after 20 years as the Chief of the Emergency Department has resigned. He plans to pursue a sabbatical and focus on his work with teaching trainees. Dr. Jim Marks, Chief of Anesthesia will chair the search to identify a new Chief to lead the service as it begins its ED residency program.

Dr. Bob Okin, the Chief of Psychiatric services for 18 years announced he will retire beginning January 1st, 2008. He plans to focus his efforts on his international humanitarian work and teaching of psychiatry trainees.

Hospital Leadership Rebuild Retreat
The Hospital Leadership Rebuild Retreat was held Nov 1, 2007 (in lieu of the Nov 2007 ADM-MEC) at Mission Bay, Community Center from 7:30 –11:30 AM. The retreat included update presentations from the Fong and Chan Architects on the current status of the hospital rebuild, and the facility master plan with encouraging progress reports with the City Planning office. The retreat also addressed activities that need to be undertaken to prepare for the 2008 General Bond Obligation measure. The SFGH providers were educated on the realities of pursuing a bond measure including the importance of outreach and communication of the hospital mission to the broader San Francisco community.

Patient Safety Award for Excellence

Top Patient Safety Award for Excellence from CAPH (CA Association of Public Hospitals) was presented to the hospital's E-Referral Group. The award acknowledged the hospital's e-referral group as a quality leader for system wide integration effort. MEC congratulated and thanked Dr. Alice Chen for the group's excellent work.

Healthy San Francisco and DPH Sliding Scale Patient Cost-Sharing Policies

During the MEC meetings on October 1st and 4th, the MEC reviewed the elements of the cost sharing policies present in the Healthy San Francisco program and DPH sliding scale plan. The MEC expressed strong support for the HSF program and its stated intention to promote health access for uninsured residents of San Francisco. The MEC raised concerns that cost sharing in numerous studies has caused reduced health care access to impoverished patients with evidence of decreases in health outcomes. The MEC was concerned the cost sharing would undermine the stated goals of the HSF to increase effective health access for patients. The MEC drafted a letter to be given to the Director of the San Francisco DPH, noting these concerns and offering constructive ideas of how the cost sharing might be re-structured to provide greater protection for the most financially vulnerable patients. The ideas included:

- Divide the 101 -500% of FPL tier into 101-250% and 251-500% categories with much lower co-payments for the 101-250% tier.
- To encourage prevention of disease, eliminate co-pays at any level for primary care visits.
- Establish a system that caps the amount of pharmacy co-payments on medications per month.

In follow up to the letter, a contingency of providers met with Mitch Katz and Tangerine Brigham to discuss the concerns. Dr. Mitchell Katz and Tangerine Brigham joined the Nov 5, 2007 CLIN-MEC and engaged members in a discussion to address issues about current patient cost sharing policies, and recommendations for improvement. The discussion with the MEC highlighted several key elements:

- A cost sharing component is required of all plans that received CMS funding through the HCCI.
- As configured, the cost-sharing is estimated to be less than 5% of the annual income of the average patient enrolled in HSF.
- San Francisco is the last county in California to adopt a health care cost sharing policy

The discussion highlighted several points:

- Patients who fall outside the average number of clinic visits and average need for medications will experience significant hardship, especially if they fall into the 101-250% FPL tier. E.g. the patient with multiple co-morbidities appropriately requiring multiple clinic visits and greater than 10 medications.
- A policy decision to implement a cap on the absolute amount of co-pays collected would provide a safety net for the sickest patients who are at greatest risk of self rationing care.
- The essential need for ongoing evaluation to determine the impact of cost sharing on access to care for the most ill patients. The evaluation would be critical for determining the need for any adjustments in the policy.

The MEC reiterated its strong support for the HSF initiative and thanked Dr. Katz for joining the group in the discussion. Dr. Katz assured MEC that DPH will exert all effort to make the system work, and will implement a close monitoring system so that adjustments are made to ensure health access for patients.

Dr. Critchfield presented the Medical Staff Bylaws.

Committee's Comments

- Commissioner Chow asked what the search process was for Chief of Radiology Service. Dr. Critchfield said they did a national search and there was quite a response. Six candidates were interviewed.

- Commissioner Illig asked how often service chiefs are selected from outside SFGH. Dr. Carlisle said this is very often the case. They always do national searches. Commissioner Illig asked who would be the Interim Chief of Psychiatry. Dr. Critchfield said this decision has not been made yet. He and Dr. Carlisle are working with Dr. Van Dyke, Chair of Psychiatry. Commissioner Illig emphasized the importance of communication around the rebuild. We need to train physicians to feel comfortable speaking to groups to convey the message. Dr. Luce said speakers were recruited at the retreat. Commissioner Illig said the Health Commission shares concerns about the HSF cost-sharing policies, particularly for those earning 100%-200% FPL. The Health Commission needs help monitoring this issue and if doctors see this being a deterrent to accessing care, they should bring this to the Commission's attention.

- Commissioner Chow said the concern around cost-sharing policies was the most controversial part of adopting the Healthy San Francisco regulations. He asked how doctors will monitor this issue. Dr. Critchfield said it would be an important part of the HSF evaluation. The medical staff is working with Tangerine Brigham to provide input into the evaluation. Commissioner Chow asked why changes were made to the Trauma subcommittee. Dr. Critchfield said the trauma program recently when through its survey process, which gave them the opportunity to see that the right people are at the table and reflecting the interdisciplinary nature of what they do. Commissioner Chow asked if the Primary Care Committee reports to the MEC. Mr. Schwager said they are a subcommittee of PIPS, which reports to MEC. Commissioner Chow asked if the Health Commission could assume that if issue arrive at primary care clinics these issues would be addressed. He wants to ensure that the work of our primary care clinics are reviewed the same way that other services are reviewed. Dr. Luce said this is done in two ways. First, COPC doctors are member of the medical staff and report as a service to the Medical Executive Committee, just like all other services. Second, they report through the PIPS Committee. Commissioner Chow asked if off campus clinics are subject to Joint Commission review. Ms. Murphy said Joint Commission reviews the clinics that are on the hospital's license, so dos not review off campus clinics.

- Commissioner Illig reported that the Health Commission heard an update on St. Luke's Hospital. CPMC plans to close St. Luke's acute care hospital in 2009. They say they want to engage in an exterior dialogue. Separately but connected, Supervisor Maxwell's is moving forward her legislation requiring Health Department analysis of IMPs. He is sure that whoever does this analysis of CPMC will want to talk to folks at SFGH regarding the impact of a closure. These changes at St. Luke's will have a significant impact on SFGH and we need to provide the leadership to get CPMC to change their plans for St. Luke's. Dr. Luce said St. Luke's has already been decimated. SFGH has been providing specialty care for St. Luke's patients.

- Commissioner Chow is pleased with want the medical staff is doing in terms of the rebuild. Nurses are also an important advocacy group.

- Commissioner Chow, on behalf of the Joint Conference Committee, thanked Dr. King for his many years of service to SFGH, and congratulates him on his new position.

Action Taken: The Committee approved the appointment of Dr. Mark Wilson as Chief of the Radiology Service.

Action Taken: The Committee approved the appointment of Dr. Susan Sniderman as Acting Chief of Pediatrics.

Action Taken: The Committee accepted the Medical Staff Bylaws to be recommended to the Health Commission.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Jeff Critchfield, M.D., Chief of Staff, Andre Campbell, M.D., Past Chief of Staff, Sue Carlisle, Associate Dean, UCSF, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Associate Administrator, John Luce, M.D., Chief Medical Officer, Chair, PIPS, Sharon McCole-Wicher, Director of Behavioral Health, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Director of Quality Management, Marti Paschal, Director of Administrative Operations, Roland Pickens, Associate Hospital Administrator, Dan Schwager, Director of Medical Staff Services, Delvecchio Finley, Associate Administrator and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF SEPTEMBER 11, 2007

Action Taken: The Committee approved the September 11, 2007 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT AND JOINT COMMISSION SURVEY REVIEW

D) Reconvene in Open Session

The committee reconvened in open session at 4:55 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

   Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

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CANCELLATION NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, December 11, 2007 has been canceled and will not be rescheduled.

For information please call the Commission Office at 554-2666.

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

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RESCHEDULE NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, January 8, 2008 has been rescheduled to Thursday, January 24, 2008, 3:00 p.m.

An agenda for that meeting will follow.

For information please call the Commission Office at 554-2666.

(Posted January 2, 2008)

01-07-08 10:08 AM

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Catherine Waters, R.N., Ph.D.
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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

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Thursday, January 24, 2008*
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

***PLEASE NOTE THIS MEETING WAS RESCHEDULED FROM JANUARY 8, 2008**

Commissioner Edward A. Chow, M.D., Chair
Commissioner James M. Illig, Member

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE NOVEMBER 14, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of November 14, 2007*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, SFGHMC Executive Administrator)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

7) **FOR DISCUSSION:** **CHART PATIENT SATISFACTION SURVEY QUARTERLY REPORT**
(Iman Nazeeri Simmons, MPH, Associate Administrator, Quality and Patient Safety)
**Report*

8) **FOR DISCUSSION:** **JOINT COMMISSION CORE MEASURE QUARTERLY REPORT**
(Iman Nazeeri Simmons, MPH, Associate Administrator, Quality and Patient Safety)
**Report*

9) **PUBLIC COMMENT****

10) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 14, 2007**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT AND JOINT COMMISSION ANNOUNCED SURVEY REVIEW**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Director of Quality Management

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation
The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.
For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the

people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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458

1/08

MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Thursday, January 24, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, Chair

Absent: Commissioner James Illig, Member

Staff: Andre Campbell, M.D., Jeff Critchfield, M.D., Sue Currin, Delvecchio Finley, Myra Garcia, Valerie Inouye, Jay Kloo, Sharon Kotabe, Pharm. D., John Luce M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Marti Paschal, Dan Schwager, Sue Schwartz and Cathryn Thurow (representing Sue Carlisle, M.D.).

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 14, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 14, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

SFGH&TC Rebuild Town Hall Meeting
San Francisco General Hospital & Trauma Center will hold a SFGH Rebuild town hall meeting from 6:30 – 8:30p.m. in Carr Auditorium on Wednesday, February 13, 2008. The purpose of the meeting is to provide a summary of the work done to date, including an update on the project's progress in the Planning Department. Fong and Chan Architects will present the design concept for the new hospital, including the approved shape of the building, renderings, and basic floor plates. Ron Alameida of the Department of Public Works will explain the EIR process and construction schedule. Marc Primeau will give a presentation on the general obligation bond process. Meanwhile, the hospital user group meetings are continuing with the goal of completing the schematic designs by March 2008. SFGH has also met with the new head of the Planning Department and will present to the Civic Design Committee on January 28, 2008.

Workers' Compensation Clinic Closure
Consistent with the approved Health Commission Budget guidelines to prioritize programs that maintain services for the underserved, DPH issued notice to UCSF that the SFGH Workers' Compensation Clinic would cease operations and funding effective March 17, 2008. Subsequent to this notification several actions have been taken and are planned to ensure an orderly closure of the clinic. It is important to note that the Workers' Compensation Clinic (WCC) is just one of three services offered at the SFGH Occupational Health Service. The SFGH Employee Health Service and the City and County of San Francisco (CCSF) Departments Medical Surveillance/Work Order Clinic Service will continue to operate without interruption in services. The three Employer Clients served by the Workers' Compensation Clinic (the CCSF Department of Human Resources, the San Francisco Unified School District, and the CCSF MUNI/Department of Parking and Traffic) are actively working with SFGH to ensure an orderly transfer of workers' compensation care for their employees.

The following clinic closure actions have been taken and/or are on-going:

1. Gene O'Connell and Roland Pickens, along with DPH Human Resources met with the clinic staff to discuss the clinic closure issues, i.e. why the decision was made, if any employees will be laid off, and how Human Resources will assist employees.
2. Weekly Clinic Closure Meetings (including Employer Client representatives) began on January 16 and will continue until the close of the clinic.
3. In order to provide a coordinated phased closure process that allows for transfer of care to new providers, the last date that the SFGH WCC will see new employee injuries is Friday, February 1; the last date for seeing already scheduled patients and any current follow-up visits for existing injuries is Friday, March 14.
4. The three Employer Clients have provided SFGH with instructions on where to refer their employees for future workers' compensation services. Effective February 1, for any new workers' compensation injuries, employees of the three Employer Clients will receive care either at the provider whom they have previously pre-designated, or at the new provider identified by the Employer as required under current State Workers' Compensation Rules.

We are extremely proud of the services that have been provided by the staff of the SFGH WCC and we welcome incorporating the fine employees into vacant positions within DPH.

2008 Heroes & Hearts Award

Five recipients of the third-annual Heroes & Hearts Award will be honored at the Heroes & Hearts Luncheon on Thursday, February 14, 2008 in Union Square. The Heroes & Hearts Award will be presented to the following individuals who have demonstrated exceptional and inspirational behavior to another individual or the community as a whole: Alicia Boccellari, Ph.D., UCSF Clinical Professor and Director, Division of Psychosocial Medicine; Robert Brody, M.D., Medical Director for Health at Home; Catherine Dukes, City public safety communications technician and Good Samaritan; Sergeant Bob Guinan, Law Enforcement Special Olympics Torch Run Executive Committee; and Fernando Hechavarria, San Francisco street artist and Good Samaritan. Judith Luce, M.D., Director of Oncology Services, will receive the distinguished "Spirit of the General" award.

Heroes & Hearts is an outgrowth of 2004's Hearts in San Francisco city-wide art installation and fundraiser project. All proceeds benefit the San Francisco General Hospital Foundation and its mission of funding SFGH programs that enhance patient care and comfort. Heroes & Hearts has raised over $2.5 million for the hospital.

Grants and Awards

SFGH received a grant of $50,000 from the Richard & Rhoda Goldman Foundation in support of hiring a new bilingual Options Counselor at the Women's Options Center.

Sue Currin, RN, MS, Chief Nursing Officer, and Leslie Holpit, RN, MSN, Nursing Retention and Recruitment, were invited by the Gordon and Betty Moore Foundation to be one of three spotlight presenters at the 2008 Betty Irene Moore Nursing Initiative Summit on February 21, 2008. The invitation is an acknowledgement by the Moore Foundation of the exceptional outcomes achieved through the SFGH RN Mentorship Program.

Patient Flow Report for December 2007

Please find attached a snapshot of the hospital's patient flow activities for the month of December. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. We also included some charts that depict our daily census by acute, administrative and decertified days. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow. The hospital acquired a performance measure scorecard and project management product from a New York based company, Performance Logic. The web-based product is called Health Commander and will allow us to track data trends and present data in a clearer more user-friendly way.

- Average Daily Census was 430.9, which is 0.4% over budgeted beds and 90% of physical capacity of the hospital.
  - ADC for Medical/Surgical beds was 219.3 – this translates into 104% of budgeted beds and 90% of Medical/Surgical physical capacity.
  - ADC for Psychiatry beds was 81.0, which is 96% of budget and 83% of physical capacity.
  - As depicted in the attached charts, our ADC for Medical/Surgical and Skilled Nursing beds are increasing and decreasing for Psychiatry.

- Average Length of Stay:
  - 5.6 days for Medical/Surgical

- 12.2 days for acute Psychiatry
- 27.1 days for our Skilled Nursing Ward
- Projecting for the fiscal year, we see a 1.7% increase in length of stay for Medical/Surgical and 11.3% for Psychiatry beds. This is based on six months and may change significantly as the year continues. The SFBHC is projected for an 8% increase in length of stay but because the number of discharges is small, outliers can really skew the average.

- Non-Acute Days:
  - 12% of the Medical/Surgical bed days (n =839) were non-acute. 10% are administrative days and 2% are decertified days. This is within 1% of the average for the fiscal year to date.
  - Currently, Psychiatry Utilization Review Department is extremely short staffed. As a result, data are available for only 46% of the Psychiatric days. Of these, 34% (n-853) were non-acute. This figure is lower than the Department's average (>50%) for the last couple of years and will most likely be increased once all days are accounted.
  - Approximately 53% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=781).

- Admissions / Discharges:
  - Total number of admissions was 1,348
  - Total number of discharges was 1,384
  - There were 4,390 encounters in the Emergency Department; 18% resulted in an admission
  - There were 571 PES encounters; 25% were admitted
  - Projecting for the year, we will see a 7.5% increase in Emergency Department encounters and a 7.9% increase in PES encounters.

Admit From	Med/Surg	Psych	SNF	SFBHC
Emergency Dept	725			
Newborn	111			
SFGH Clinic	173		1	
SFGH Surgicenter				
Discharge/Readmit	11	9	17	12
Correctional Fac.		22		
Oth SF Acute Hosp	5			
Labor and Delivery	124	3		
Psych Emerg	2	143	1	
Others / Blanks	1			

Discharge to	Med/Surg	Psych	SNF	SFBHC
Home	927	100	12	
SFGH Psych	22			3
Laguna Honda	35			

(new)				
Laguna Honda (readmits)				
Forensic Fac.	18	32		
AMA	31	4	3	
SFGH SNF	21	3		
Oth SF Acute Hosp	24	1	1	1
Died	37			
Oth Rehab Fac				
SFGH Acute Care		9	2	6
Board and Care	5	3	1	3
Others	52	28		

- Diversion:
  - SFGH had 65 episodes of full diversion, 174 hours, which equates to 23% of the time.
  - PES was on condition red 162 hours or 22% of the time.

Commissioners' Comments

- Commissioner Chow said there do not appear to be a lot of options left to address PES diversion. Ms. O'Connell agreed and said they are looking forward to the community urgent care center opening. Commissioner Chow asked that impact of the changes at Laguna Honda Hospital on SFGH be a monthly topic of discussion.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

VACANCY RATE

San Francisco General Hospital RN inpatient vacancy rate is defined as a percentage of vacant budgeted full time equivalents (FTE's). In calculating the vacancy rate, open vacant FTE's are divided by the total number of budgeted FTE's (607.3 FTE). The hospitals vacancy rate plays a major role in recruiting and retaining qualified nursing staff. High vacancy rates have been linked to poor patient outcomes and low staff morale. The California Employment Development Department has projected that California's demand for RN's in the coming decade will range from 221,422 to 270,155 to replace retiring nurses and to meet the demand for nursing care. SFGH currently has identified 155 RNs that are eligible for retirement as well as additional RN's needed to meet the demands of state mandated staffing ratios. In anticipation of the looming nursing shortage that is predicted to peak between 2010-2012, SFGH has actively recruited, hired and trained new graduate nurses. We have created a strong recruitment and training program to fill the vacancies of retiring nurses. Key to the success of this program is having available (open and approved) RN positions to hire into.

The Memorandum of Understanding (MOU) between the City and County of San Francisco and Local SEIU - Healthcare Workers Union approved the following increase in FTEs for the 2007-2008 fiscal year at SFGH to meet staffing ratios and provide safe patient care:

Unit Clerks 6.80	Nursing Assistant 38.10	Registered Nurse 38.10	Mental Health Rehabilitation Worker 1.00

These positions remain crucial to the functioning of the hospital and the various programs.

December 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 1.48%

TITLE 22: MINIMUM NURSE-TO-PATIENT RATIOS FOR HOSPITALS
In 2004, minimum nurse-to-patients ratios were legislated for acute care hospitals. The ratios represent the maximum number of patient that shall be assigned to one licensed nurse at any one time. Licensed nurses include RNs, LVNs, and LPTs. Only licensed nurses providing direct patient care shall be included in the ratios. The ratio must be met at all times, which includes coverage during breaks. Several court challenges have upheld the legislation.

Additional staff, in excess of the prescribed ratios, including non-licensed staff, shall be assigned in accordance with the patient classification system. Title 22 has required patient classification systems for many years prior to the ratio requirements. Patient classification identifies nursing care requirements based on the individual patient's severity of illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to care for the patient, the ability for self care and the licensure of personnel required to deliver the care.

The nurse-to-patient ratio requirements differ by clinical areas and have changed over time. The following table summarizes the requirements:

CLINICAL AREA	2004	2005	2008
Medical/Surgical	1:6	1:5	
Telemetry	1:5		1:4
Step down unit	1:4		1:3
Pediatrics	1:4		
ICU, NICU, PACU, L&D	1:2		
Behavioral Health / Psych	1:6		
OR	1:1		
Post-Partum	1:6		
Mother/Baby diads	1:4		
Well Baby	1:8		
Emergency Dept.	1:4		
Triage	1:1		
Base Station Radio	1:1		
Trauma	1:1		
Critical Care	1:2		

SFGH RATIO STAFFING DATA: By Number of Shifts – 12/01/07 to 12/31/07 - SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were times when the area was unable to cover breaks.

PATIENT CARE DOCUMENTATION

Beginning in January 2007, the PATIENT CARE DOCUMENTATION PROJECT has implemented electronic nursing documentation in the medical-surgical inpatient units. The Invision/LCR components implemented include Vital Signs, Intake and Output, Frequent Assessments, Shift Assessments and the Admission Assessment.

The positive outcomes of the project include improved legibility, accessibility of patient data to providers from any computer, reduced rounding time by providers, improved nursing communication of data, improved screening of nutrition, rehabilitation and suicide risks, and updating the Lifetime Clinical Record (LCR) Home Medication list. Nursing staff have been remarkably resilient and accepting of their new documentation system. Twelve pages of paper documentation have been retired.

The electronic documentation will be rolled out to all inpatient areas. Audit reports are in development. The reports will streamline data collection analysis.

The next documentation components to be developed include an electronic medication administration record and electron discharge planning/instructions.

RN INTERNSHIP PROGRAM

The RN Internship Program began in 2004 as a three year program funded by the Gordon and Betty Moore Foundation for $2.34MM. The program has three components: training for 50 new graduate RNs from associate degree nursing schools, preceptor and mentor training and "enrichment" for current associate degree and foreign-educated RN staff. Goals for the program include improved retention of new graduate RNs, a lower RN vacancy rate, enhanced clinical and decision making skills for RN staff and improved patient care.

New graduate retention improved from 18% in 2004 to 5.3% for Internship participants at the end of 2007. This reduction represents a substantial cost savings. New graduates reported increased perceptions of support and professional satisfaction as well as improvements in communication and leadership skills. Overall RN vacancy decreased from an average of 11% in 2004 to an average of 5.7% in 2007. RN participants in the program have demonstrated improvements in clinical competency as measured through self evaluation and supervisor's evaluation. Beginning and advanced preceptor classes had 141 participants and 36 mentors were trained in three years.

The Internship Program expanded to include RN Professional Role development which will be rolled out to all the SFGH RN staff. Professional Role development focuses on the four professional role behaviors of self direction and decision making, use of evidence in practice, transfer of knowledge and provision of care. At present, 361 individuals have participated in the professional role development training. SFGH has made a commitment to the Gordon and Betty Moore Foundation to continue the Internship Program.

The final class for the summer 2007 new graduate nurses is scheduled for February 12, 2008. Nurse Educators are currently meeting to update the new graduate RN Program for all Nursing Specialty Areas.

RECRUITMENT/RETENTION

Planning efforts are currently underway for the new Graduate Program for Spring/Summer hires. The Preceptor class for the Medical-Surgical Leadership Team is scheduled for 01/15/08.

DOROTHY WASHINGTON GALA

San Francisco General Hospital is preparing for the third Dorothy Washington Gala Fund-raiser, benefiting the Dorothy Washington Nursing Educational Fund. Over the past six years 12 scholarships have been awarded to staff nurses to continue their baccalaureate and graduate level nursing education, four nurses will receive the scholarship award for 2008. This years gala, dinner and dance is being held on May 9th at the Westin San Francisco (50 Third Street, San Francisco) from 6pm-11pm. The SFGH Foundation is actively pursing corporate sponsors for the event . Individual tickets can be purchased for $175. Part of the fund-raising efforts will also involve raffle ticket sales to the hospital staff.

2008 EVIDENCE BASED PRACTICE (EBP) FELLOWSHIP

The goal of the SFGHMC Evidence-Based Practice Fellowship Program is to strengthen the evidence based role performance of staff nurses by using practice problems to search for evidence based solutions aimed at improving patient care quality, safety and outcomes.

Practice based on evidence achieves the goals of standardization, reduces variability in practice, and ultimately produces enhanced patient safety, improved satisfaction, reduced care delivery costs, and best patient outcomes. Evidence-based practice (EBP) is the conscientious and judicious use of current evidence to guide decision making in the delivery of health care. Sources of evidence include data from clinical and experimental trials, observational studies, expert opinion, and expert consensus. Such evidence is combined with patient preference, nursing expertise, and unit culture to achieve the best possible outcomes for the patients under our care.

The overall purposes of this program are to:

1. Teach staff how to apply the skills of research utilization, problem identification, and solution testing to promote the adoption of evidence-based practice;
2. Stimulate innovative thinking regarding practices that are efficient and effective in improving patient outcomes;
3. Foster professional growth and development of staff nurses to facilitate recruitment and retention at SFGHMC; and
4. Identify issues and develop improvement strategies to enhance care delivery.

The 2007 EBP projects were well received by the nursing staff. The topics included ventilator associated pneumonia protocol, nurse handoffs at change of shift, sepsis protocol, reduction of seclusion and restraint, and reduction of perineal trauma in laboring women. The 2008 staff nurse EBP project proposals will be submitted to the Chief Nursing Officer by 1/28/2008. Five proposals will be selected for the 2008 program. Advanced Practice Nurses will be selected as Clinical Coaches/ sponsors for five staff nurse fellows.

PSYCHIATRIC EMERGENCY SERVICES

The Purpose of Condition Red is to allow Psychiatric Emergency Services (PES) to decrease both the census and acuity to ensure safety for patients and staff. During condition Red, PES is on diversion. Police and EMS staff are directed to send patients requiring emergent psychiatric treatment to other local hospital emergency departments.

The average amount to hours on Condition Red for 2007 is 211.7 with a high of 379.9 hours in October 2007 and a low of 71.0 hours in September 2007. As of December 2007, the total Condition Red had decreased to 162.5 hours.

SUSAN A. CURRIN, CHIEF NURSING OFFICER RECIPIENT OF THE ASSOCIATION OF CALIFORNIA NURSE LEADERS (ACNL) – 2007 EXCELLENCE IN LEADERSHIP AWARD

Each year, ACNL recognizes nurse leaders for excellence in nursing leadership and advancement of clinical practice who have also made significant contributions to or demonstrated significant support of the nursing profession. Sue Currin has demonstrated such support and is considered a true nurse leader by her ACNL colleagues who nominated her as a result of the many contributions and advancement she has made to the profession. She will receive the award during the 30th Annual ACNL Conference, *Win, Place or Show: Leadership on Track*, February 10-13, 2007. The awards ceremony is being held on **Tuesday, February 12, 2008**, as part of the Awards Banquet Luncheon. As part of the recognition process, during the conference, ACNL will display a picture of Ms. Currin along with a brief statement about her contributions to nursing.

Commissioners' Comments

- Commissioner Chow said it sounds like the hospital has a split chart, partially electronic and partially paper. Dr. Luce said the currently is a hybrid record. There is a full desire and commitment to a full electronic record. What is holding this back is the money and staff needed to implement the software. Dr. Critchfield added that the steps forward are positive and the additions to the LCR have been strategically chosen. Commissioner Chow asked what is expected from the nurses who complete the fellowship. Ms. Currin said they will continue to work on projects using the same methodology. The hospital supports their continued efforts by allowing them to work one shift per month on the project.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

ANNOUNCEMENTS

- The San Francisco General Medical and Trauma center performed superbly in its care of 2 patients who had been mauled by a tiger at the San Francisco Zoo the evening of December 25th, 2007. Acknowledgement and appreciation to Sue Currin and her staff who were here over the holidays supervising the interaction of the hospital with the international media. Appreciation to Dr. Rochelle Dicker, Bill Schecter and Eric Isaacs for their efforts interacting with the media during the press conference. Through a team effort the patients received excellent care and the mission of the hospital was shared in a very positive light.

- Changes in the leadership of Clinical Services-:
  -Dr. Chris Barton was appointed as Acting Chief of Emergency Medicine. Dr. Barton is Professor of Medicine attending in the SFGH ED for the past 9 years.
  -Dr. James Dilley was appointed as Acting Chief of Psychiatry. He is a Clinical Professor of Psychiatry and a founder and director of the AIDS Health Project in San Francisco.

- There are six ongoing open searches for Service Chiefs. The following members are leading the searches: Dr. Andrew Murr for Ophthalmology, Dr. Kevin Grumbach for Surgery, Dr. James Marks for Emergency Medicine, Dr. Eberhard Fiebig for Psychiatry, Dr. Theodore Miclau for Medicine, and Dr. Philip Darney for Pediatrics.

- Medical Staff Office successfully completed the annual delegation oversight audit administered by the San Francisco Health Plan with a 100% score.

6) CHART PATIENT SATISFACTION SURVEY QUARTERLY REPORT

Sue Schwartz, Quality Improvement Manager, presented an update on the CHART Patient Satisfaction Survey. SFGH received ratings above the CHART average.

Commissioners' Comments

- Commissioner Chow asked how often the CHART results are updated. Ms. Schwartz said this is publicly available data and is updated quarterly.

7) JOINT COMMISSION CORE MEASURE QUARTERLY REPORT

Sue Schwartz, Quality Improvement Manager, presented an update on Joint Commission Core Measures. San Francisco General Hospital is at or above average on almost all core indicators. A few areas where they would like to do better are smoking cessation advice and administration of pneumococcal and influenza vaccinations.

8) PUBLIC COMMENT

None.

9) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 3:55 p.m. Present in the closed session were Commissioner Chow, Jeff Critchfield, M.D., Chief of Staff, Andre Campbell, M.D., Past Chief of Staff, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Jay Kloo, Regulatory Affairs, Sharon Kotabe, Pharm. D., Associate Administrator, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Delvecchio Finley, Associate Administrator, Cathryn Thurow, UCSF Dean's Office and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 14, 2007

Action Taken: The Committee approved the November 14, 2007 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT AND JOINT COMMISSION ANNOUNCED SURVEY REVIEW

D) Reconvene in Open Session

The committee reconvened in open session at 4:40 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 4:40 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
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Commissioner

Steven Tierney, Ed.D.
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Commissioner

HEALTH COMMISSION

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AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL

Thursday, February 12, 2008
3:45 p.m.*
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

***PLEASE NOTE THE CHANGE IN MEETING TIME**

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JANUARY 24, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of January 24, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, SFGHMC Executive Administrator)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Nela Ponferrada, Director of Nursing for Perinatal Services)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 24, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT,**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Director of Quality Management

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, February 12, 2008
3:45 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Kosal Bo, Jeff Critchfield, M.D., Delvecchio Finley, Valerie Inouye, Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Nela Ponferrada, Dan Schwager, Sue Carlisle, M.D. and Troy Williams

2) APPROVAL OF THE MINUTES OF THE JANUARY 24, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the January 24, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

PROGRAM UPDATES

SFGH&TC Rebuild Town Hall Meeting

San Francisco General Hospital & Trauma Center will hold a SFGH Rebuild town hall meeting from 6:30 – 8:00p.m. in Carr Auditorium on Wednesday, February 13, 2008. The purpose of the meeting is to provide a summary of the work done to date, including an update on the project's progress in the Planning Department.

Budget Status Update

The Controller's Office Six-Month Budget Status Report indicates that the projected available General Fund balance has worsened from the $25.40 million assumed in the initial 2008/09 budget projections to $21.37 million. In response to this report and proposed budget cuts in Sacramento, the Mayor has announced plans to implement mid-year cuts City-wide. For the Health Department, mid-year cuts will total $3,230,624 for the current year, comprised of $1,488,624 in service cuts plus $1,742,000 related to delays in implementing certain initiatives until later in 2008. The cuts will save an additional $6,854,161 for the 2008/09 budget year and will reduce FTEs by 60.

The mid-year cuts of $1,488,624 will be implemented on April 15. The mid-year cuts at SFGH are:

Closure of Worker's Compensation Clinic at SFGH (March 15 closure)

General Fund Savings	$214,799 in FY 2007-08, annualized to $736,453 in FY 2008-09
FTE's Impacted	8.12 on annual basis, Every effort will be made to reassign the employees
Description	Effective 3/15/08, close SFGH Worker's Compensation clinic. Other clinics are available in the City and many workers already use them.
Impact on clients	2,759 initial visits with 9,005 visits annually including follow-up

Oral Surgery Clinic Reduction in Hours of Operation at SFGH

General Fund Savings	$87,603 in FY 2007-08, annualized to $420,724 in FY 2008-09
FTE's Impacted	3.80 on annual basis, Every effort will be made to reassign the employees
Description	Effective 4/15/08, reduce hours of operation of the SFGH Oral Surgery Clinic from 5 days per week to 3 days per week.
Impact on clients	2,600 visits per year

8-Hour per Day Reduction in OR Time at SFGH

General Fund Savings	$219,205 in FY 2007-08, annualized to $1,052,760 in FY 2008-09
FTE's Impacted	18.71 on annual basis, Every effort will be made to reassign the employees.
Description	Effective 4/15/08, reduce 8 hours of operating room time per day, targeting both "Come and Go" and "Come and Stay" elective surgical procedures. OR Case Priority will be: Trauma, Emergency surgeries, Cancer, Children, In-house patients, Elective procedures.
Impact on clients	720 cases per year and reduction of staffing for 4 surgical inpatient beds

Elimination of Chronic Care Public Health Nursing Program

General Fund Savings	$451,064 in FY 2007-08, annualized to $2,166,295 in FY 2008-09
FTE's Impacted	20.09 on annual basis, Every effort will be made to reassign the employees.
Description	Effective 4/15/08, eliminate public health nursing case management services to chronically ill and disabled adults. Nurses provide chronic disease management, prevention strategies and education.
Impact on clients	6,000 home visits to 465 unduplicated clients

Smoke Free Campus Initiative

On July 1, 2008, San Francisco General Hospital and Trauma Center will become a smoke free campus. Patients, visitors and staff will not be permitted to smoke inside hospital buildings, grounds, parking lots and gardens.

Over the next four months, we will be educating staff, preparing smoking cessation literature, providing smoking cessation resources, and advertising the implementation of our policy. We have received a $10,000 grant from the San Francisco Tobacco Free Program for promotional materials. We look forward to promoting positive health changes in the lives of San Franciscans.

Patient Flow Report for January 2008

Ms. O'Connell presented the census data and patient flow report, which was attached.

In January 2007, the Average Daily Census was 434.7, which is 1% over budgeted beds (n=429) and 91% of physical capacity of the hospital (n=478).

- Our ADC for Medical/Surgical beds was 225.3, which is 7% over our budgeted medical/surgical beds (n=211) and 92% of our physical capacity (n=244). 14% of the Medical/Surgical days were non-acute.
- ADC for Psychiatry beds was 79.7, which is 95% of budgeted Acute Psychiatry beds (n=84) and 81% of physical capacity (n=98). 40% of the Psychiatry days were non-acute.
- ADC for our skilled nursing unit was 29.3, which is 5% over our budgeted beds (n=28) and 98% of physical capacity (n=30).
- ADC for the San Francisco Behavior Health Center was 100.4, which is 5% below both our budgeted beds and our physical capacity (n=106).

Commissioners' Comments

- Commissioner Illig said the Commission will prioritize what they want restored if there is money, and he asked staff to think about its priorities. Commissioner Illig said we need to track in the LCR the patients who are currently served by the Chronic Care program and see what happens to them. Ms. O'Connell said there are many variables with the chronically ill and this would require a lot of staff time. She noted that all patients have been assigned a primary care home.
- Commissioner Chow said it would help the Commission to know that these 465 individuals have been assigned a medical home that is responsible for getting ancillary services to these patients. Ms. O'Connell will get this information before the next Health Commission meeting.
- Commissioner Illig said the report he received from Liz Gray has different data for Psychiatry acute and decertified days that want is in Ms. O'Connell's report. He asked Ms. O'Connell to review the reports and provide the JCC with the correct data. Ms. O'Connell will do so.

4) PATIENT CARE SERVICES REPORT

Nela Ponferrada, Director of Nursing for Perinatal Services, presented the Patient Care Services Report.

January 2008 2320 RN VACANCY RATE
Overall 2320 RN vacancy rate for areas reported is 4.11%

SFGH Ratio Staffing Data
By Number of Shifts – 01/01/08 to 01/31/08 - SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were times when the area was unable to cover breaks.

Patient Care Documentation
The electronic admission assessment documentation will be rolled out to all non-psychiatry inpatient areas, Critical Care and Birth Center by April 2008. Acute psychiatry is in the process of evaluating their network (UCSF vs. SFGH) and planning for wireless connectivity via mobile hardware. Electronic Medication Administration and documentation will follow in 2009. Concurrently, an update of the Critical Care documentation system, CareVue, is planed for December 2008.

Recruitment
Applicants are beginning to inquire about the availability of new graduate programs for the summer 2008. Recent data from California Institute for Nursing and Healthcare shows a 69% increase in new graduates in California since 2004. However, this increase is mainly due to time-limited

funding. Sustainable solutions to the long-term nursing shortage in California remain unsolved. The bay area is currently at the national average of 825 RNs per 100,000 population. There is still a nursing faculty shortage that continues to be a critical problem throughout the industry.

Medical-Surgical Nursing Annual Update
An annual survey is administered to assess their skill level/competency on new and revised hospital and nursing policies/procedures. Survey results are used to develop the training curriculum which focuses on case scenarios highlighting identified patient care issues and changes in practice. The annual update training is mandatory and consists of four-eight hour sessions scheduled between 02/01/08 to 02/15/08.

Medication Management
The medical-surgical area is implementing a medication management and "high risk/alert medications" training program. The program reviews medication errors, safe medication management, adverse drug reaction reporting and highlights patient safety strategies such as "independent double-check" prior to the administration of high alert medication.

Emergency Department Decontamination Shower
The Emergency Department (ED) at San Francisco General Hospital and Trauma Center has recently acquired a new, state of the art, Decontamination Shower. The decontamination shower enhances the ability of ED personnel to respond to any man-made or natural occurrence that requires patient decontamination. The new unit allows the ED to decontaminate 25 to 50 clients an hour. Monthly drills are scheduled throughout 2008 to keep staff familiar with the operation of the decontamination shower, the activation procedures, and the standards set forth by the Joint Commission for disaster readiness, and management of the hazardous material (Hazmat) patients.

Administrative/Denied Days – Inpatient Psychiatry
Under the new leadership of Dr. Dilley, inpatient acute psychiatry has undertaken multiple initiatives and policy changes during the month of January to decrease the percent of administrative and denied patient days. These efforts involve the multiple services within behavioral health and have already resulted in significant improvements, such as, increased availability of open beds in acute psychiatry, improved patient flow from PES to inpatient, decreased PES Condition Red (17% through February 05, 25% in January, as compared with 30+% for most of 2007).

The initiatives include increased intensity of pre-admission review in Psychiatric Emergency Services (PES) and on the Consult-Liaison Service to eliminate non-acute admissions, increased multi-disciplinary supervision related to documentation of acuity on inpatient psychiatry and PES, a general policy change to discontinue hospitalization of non-acute patients for the purpose of waiting for residential treatment and other unlocked placements (exceptions to be made in special circumstances with clinical administrative review).

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

ANNOUNCEMENTS

- Dr. Jim Marks, Chief of Anesthesiology has been named the Chair of the Operating Room Committee. We thank Renee Navarro for her 13 years serving in this role.

- In order to facilitate timely, productive discussions of sentinel event reviews, Risk Management leadership have convened a regular meeting of the Root Cause Analysis committee. Comprised of senior leadership from clinical services, risk management, and administration, the group has a standing meeting every two weeks where cases will be reviewed with the providers directly involved in the clinical matter. The group has met once to date with a valuable discussion suggesting this new format will be positive improvement to the review process.
- The eReferral team offered a report to the MEC on February 7th sharing the positive effects the innovation has brought to the CHN. The technology, which allows subspecialists in the medical and surgical clinics to communicate through online interactions with referring primary providers, has yielded more effective use of resources for the clinics. For example patients referrals that are not appropriate or not yet completely prepared for the subspecialty appointment are deferred with suggestions for next steps to the primary provider. In this way subspecialty clinic slots are used only for those patients who truly need the service. In addition, patients who may be in urgent need of the service can be screened then fast tracked for sooner appointments to expedite appropriate care. Because the communication is all on line, the interactions are legible and trackable. Approval ratings from primary providers and specialists are very high. There are plans to extend the service into Radiology.
- The Smoke Free Campus group offered a report to the MEC. With research of national best practice the initiative will be kicked off on July 1st. Smoking will not be allowed anywhere on the campus. Already hospitalized patients are being offered nicotine patches with counseling on smoking cessation. The group has been led by Troy Williams of Risk Management.

6) PUBLIC COMMENT

None.

7) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 5:15 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Kosal Bo, Medical Staff Analyst, Sue Carlisle, M.D., Associate Dean, Jeff Critchfield, M.D., Chief of Staff, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Nela Ponferrada, Director of Nursing for Perinatal Services, Dan Schwager, Director of Medical Staff Services, Delvecchio Finley, Associate Administrator, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JANUARY 24, 2008

Action Taken: The Committee approved the January 24, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 6:00 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Seaton

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, March 11, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE FEBRUARY 12, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of February 12, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGHMC)
(Gene O'Connell, SFGHMC Executive Administrator)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE**
(Kathy Jung, SFGHMC Associate Administrator)
**Report*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 12, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT,**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, March 11, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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3/11/08

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Jeff Critchfield, M.D., Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Myra Garcia, Valerie Inouye, Kathy Jung, Jay Kloo, Mark Leary, M.D., John Luce, M.D., Sharon McCole Wicher, Anson Moon, Kathy Murphy, Roland Pickens, Dan Schwager, Susan Schwartz and Troy Williams

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 12, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the February 12, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, RN, Chief Nursing Officer, presented the Hospital Administrator's Report.

Budget Status Update

In addition to the program cuts presented at last month's JCC, we are proposing to close the Bridge to Wellness Program. Bridge to Wellness is an outpatient psychiatric service providing partial hospitalization and intensive outpatient treatment services for those residents who exhibit severe and/or disabling impairments related to an acute and/or chronic psychiatric/psychological condition, or an exacerbation of a severe and persistent mental disorder. The Partial Hospitalization program was designed to bridge the gap between inpatient and outpatient treatment and reduce a patient's need for a lengthy inpatient hospitalization stay. The Intensive Outpatient Program emphasizes symptom reduction and maintenance of stabilization and diverts patients from more intensive levels of care. SFGH has a contract with RAMS to provide the Clinical Director, nurses, treatment coordinators, group therapists and various other administrative and facility oriented staff. SFGH also pays UCSF through the Affiliation Agreement for the professional staff. Access to the program is limited to clients who have Medicare coverage. Reimbursement rates have been declining and costs have been increasing over the past several years. The annual general fund savings is $193,620. The program is scheduled to close on May 2, 2008.

In recent years, SFGH has been increasing its prices across the board by 10%. The Controller's Office recently engaged Phase 2, a consulting firm, to assist DPH in maximizing revenue opportunities. Phase 2 is completing a strategic pricing review, which proposes adjustments to individual line items based on comparisons to the market place. Prices may be adjusted upward of 15% at the maximum or could be adjusted downward with a 5% maximum decrease. Based on their preliminary analysis, implementing this strategic pricing would increase patient revenues by approximately $7.4 million. The SFGH baseline revenues previously had a placeholder of $4.3 million as an estimate, resulting in an increase to baseline revenues of $3.1 million.

New Patient Appointment Wait Time for Selected Clinics

Graphs depicting wait time for New Patient Appointments of selected clinics were included in your package. Roland Pickens, the Associate Administrator for the clinics, is available to answer any questions.

SFGH&TC Rebuild Presentation

Kathy Jung, Director of Facilities, provided an update presentation on the SFGH&TC Rebuild.

Committee Follow Up

- Commissioner Illig asked that wait time data include a subset for Healthy San Francisco patients, because wait times is one of the evaluative measures. Mr. Moon said he will work to make this happen.
- An e-referral presentation will be scheduled for a future SFGH JCC.
- Ms. Jung will distribute the Draft Environmental Report to Commissioners.

4) PATIENT CARE SERVICES REPORT

Sue Currin, RN, Chief Nursing Officer, presented the Patient Care Services Report.

February 2008 2320 RN VACANCY RATE

Overall 2320 RN vacancy rate for areas reported is 9.93%

SFGH Ratio Staffing Data
By Number of Shifts – 02/01/08 to 02/29/08- SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were times when the area was unable to cover breaks.

Patient Care Documentation
The Electronic Medication Administration Record (MAK) is in the planning and design phase for a pilot implementation on a med/surg unit by June 2008. The application focus is on medication safety precautions. Roll-out to the remaining med/surg and acute psychiatry areas is planned 2009. Kickoff for the electronic Provider Discharge Plan and Discharge Instructions project is scheduled for March 2008. The goal of the project is to improve information sharing between ambulatory care providers and inpatient providers, as well as providing patients with appropriate multidisciplinary discharge instructions.

Recruitment/Retention/Training/Professional Development:
Recruitment: We are in the process of completing the 2008 summer hire training program. The critical-care, emergency department and medical-surgical nursing areas will each have training programs. The number of available positions is yet to be determined.

RN Internship Program: Results of the three year RN Internship Program (funded by the Gordon and Betty Moore Foundation) were shared at the Moore Foundation Annual Grantee Summit on February 21, 2008. SFGH was one of three presenters on a panel highlighting successful programs in the Betty Irene Moore Nursing Initiative. RN Internship outcomes presented included: the decrease in new graduate RN turnover, decrease in RN vacancy, improvements in new graduate competency and satisfaction, and training of preceptors and mentors.

Retention/Professional Development: Leslie Dubbin, RN and Leslie Holpit RN, MSN, will be presenting a poster with Dr. Maria O'Rourke at the International Nursing Research Conference, Facing the Challenge of Health Care Systems in Transition, from June 30 to July 4 in Jerusalem, Israel. The poster will describe the training and implementation of the Professional Role Development Program conducted at SFGH, with a focus on the MERT team and medical-surgical nursing units.

Acute Care For Elders (ACE) Unit
In July, 2006, the San Francisco General Hospital & Trauma Center (SFGH) embarked on a significant system redesign to improve the care of hospitalized older adults. The ***Acute Care for Elders (ACE)*** unit at SFGH is designed to address the challenge of caring for an increasingly vulnerable population, the frail elderly. The 10-bed ACE unit opened in 5C, a 34-bed Medical-Surgical unit, on February 13, 2007 and has been running for over 1 year. Throughout the first year, the ACE unit took an innovative role in patient care for older adults. Multidisciplinary health care workers, physicians, nurses, social workers, dieticians, and nursing assistants, moved into their role as advocates and caregivers for older adults. With the support of the San Francisco Heart Foundation, the ACE unit was remodeled to provide a soothing and therapeutic environment for this patient population.

The mission of the SFGH ACE Unit is to provide the best inpatient care for hospitalized older adults with a focus on maintaining and improving physical function. The goals for the unit are to 1.) Exceed the expectations of hospitalized older adults and their families in providing patient-centered, team-delivered, high-quality clinical care, 2.) Be a key source of innovation for developing improved systems of care for the hospitalized older adult, 3.) Advance the knowledge and skills of

all levels of learners in the best care of hospitalized older adults; and 4.) Conduct relevant research that advances knowledge of best care for hospitalized older adults.

The interdisciplinary team consists of a staff nurse, a clinical pharmacist, an occupational therapist (4 days a week), a dietitian (2 days a week), a medical social worker, a geriatrics nurse practitioner, and a medical director. This team rounds weekdays at the bedside, involving patients in the treatment plan for that day. Daily goals are transcribed on a "Ticket Home" board, a concept borrowed from the Virginia-Mason Hospital and detailed on the Institute for Healthcare Improvement's (IHI) website. ACE team recommendations are communicated to the primary team through chart recommendations, text pages, or discussions. A major focus of the unit is mobility. Patients are encouraged to ambulate 3-4 times each day, where possible. Community dining for all three meals is in a small converted conference room to promote exercise and socialization. Exercise is used as an intervention for patients with dementia and delirium whenever possible in an effort to reduce the use of restraints and medication. [The ACE unit care policy consistently emphasized a non-pharmacologic approach to common problems such as insomnia, delirium, and problem behaviors associated with dementia.]

The ACE unit has met with widespread acceptance by house staff and attending medical staff on both the Medicine and Family Medicine service, the main users of the unit. Positive comments center on the increased perceived mobility and medication recommendations of the clinical pharmacist. To assess the effectiveness of the ACE unit, we compared outcomes of ACE to a concurrent control cohort of patients cared for on other units as well as to a historical control cohort of patients cared for on the same medical/surgical unit that currently houses the ACE unit. The ACE unit is designed to treat patients directly admitted from the ED to begin maintaining function as early as possible. Discharge information for patients receiving care on the ACE unit shows that they were less frequently discharged to skilled nursing facilities. The ACE unit employs the use of the Board and Care model for its patients. Readmission rates were lower for patients treated on the ACE unit as compared to both concurrent and historical controls. In addition, falls and pressure ulcers were also lower on the ACE unit as compared to the control groups.

Process of care measures included mobility. ACE patients were ambulated more frequently compared to concurrent controls. Over 621 ACE shifts, in 48.6% of the shifts the patient ambulated, in 27.5% the patient was out of bed but not ambulating, in 14% the patient was on bed rest, and in 9.8% the patient's level of activity was not documented. Of 372 non-ACE shifts evaluated, in 19.6% of the shifts the patient walked, in 21.0% the patient was out of bed but not walking, in 29.8% the patient was on bed rest, and in 29.6% the patient's level of activity was not documented. Beers list medications were used in 5 of 48 charts reviewed on the ACE unit and in 7 of 33 cases evaluated on other units.

After the first year of operation, a nursing satisfaction/engagement survey was completed to assess the effect of the implementation and operation of the ACE unit on nursing staff. Redesign and change of work behaviors can adversely affect perceptions. Our survey demonstrated the highest levels of satisfaction/engagement on the medical/surgical ward housing the ACE unit compared to two comparable medical/surgical units. In addition, nursing vacancy and turnover rate showed a dramatic decline after implementation. Vacancy dropped from 5% to 2% and turnover declined from 9% to 0%. These findings suggest the ACE concept can improve outcomes and processes of care while increasing nursing satisfaction and engagement.

Association Of California Nurse Leaders (ACNL) 2008 Annual Program

The ***Association of California Nurse Leaders*** is the nursing leadership organization that advances professional nursing practice, influences health policy and improves the health of our communities. The vision and mission statements guide the board as it develops and implements the strategic plan. Throughout the year, ACNL board members and committee members utilize the vision and mission to actualize the strategic initiative goals set by the board. These goals and initiatives are actualized, in part, by providing networking and mentoring opportunities for ACNL members through many avenues, including education programs, the Web Site, and the Annual Program. The goals and measurable outcomes are determined from information provided by ACNL's membership and ongoing changes in health care. The ACNL celebrated their 30 years of winning leadership at the 2008 Annual Program held on February 10 – 13, 2008. This was an exciting time for San Francisco General Hospital. Conference attendees included 10 staff nurses, 2 nurse managers, 2 nursing directors, 1 nursing supervisor and the Chief Nursing Officer. SFGH staff nurses actively engaged in the health care issue discussion and received a standing ovation for providing insightful and meaningful ideas on how to improve patient care at the bedside.

Integrated Nurse Leadership Program (INLP)

There are approximately 100,000 medical-related errors that occur annually in a hospital setting. In an effort to address and improve patient safety, thanks to funding received from The Betty Irene Moore Foundation, in collaboration with seven bay area hospitals, the Integrated Nurse Leadership Program (INLP) was created. Focusing on evidence based care clinical studies, program members identified that medication-related errors occur because of distractions, interruptions, multitasking, or any activity that required deviation from the medication pass activity. INLP provided nurses with the opportunity to take time to investigate bedside practice and identify a process to reduce medication errors. INLP nurses implemented the following to practices: 1.) positive identification of every patient during every encounter, and 2.) prior to medication administration, verification of the patient's full name and date of birth, 3.) patients are supported and encouraged proactively participate in their care plan, 4.) provided patient education of all medications prescribed and potential side effects, 5.) verification of all medications with printed medication sheets, 6.) provided staff with a secure uninterrupted medication supply room, 7.) medications are now labeled with the patient's name, medication name, and medication dosage prior to entering the patient's room. Data shows a 90% improvement in medication error rate.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

The Heroes and Hearts Luncheon held on Feb 14, 2008 was a tremendous success. Mayor Gavin Newsom enthusiastically endorsed rebuilding SFGHTC, challenging all present to join in the campaign to pass the bond initiative to finance the rebuild. The Mayor participated in the presentation of the Heroes awards to medical staff members including

- Alicia Boccellari for her involvement in establishing and maintaining the innovative programs of the Emergency Department High Utilizer Program and Trauma Recovery programs.
- Dr. Robert Brody for his expertise and advocacy in the areas of pain management, treatment of terminally ill patients at Health at Home and contributions to the Information Services at SFGHMC.
- The "Special Hero" award was given to Dr. Judy Luce for her long-standing commitment and service to underserved women and patients with cancer.

Telemedicine – Efforts to implement a telemedicine program linking SFGHTC with COPC clinics, the jails and Laguna Honda are moving forward. In November 2006, proposition 1D was approved, directing resources to the University of California to expand telemedicine facilities to assist and train physicians (especially in specialized medical care) in underserved areas. The SFGHTC and COPC clinics will receive $10-11 million to promote this work in San Francisco. Dr. Kevin Grumbach, the Chairman of the Family Medicine Department, as a member of the Telemedicine Steering Committee is working with the UCSF Dean's office and DPH/SFGHTC representatives to implement a telemedicine infrastructure to support outreach efforts.

ePrescribing– In our efforts to comply with a CMS mandate that all Medi-cal prescriptions be written in a tamper proof manner, we are implementing an LCR based eFAXing process. Beginning mid-March, all prescriptions in the SFGHTC/COPC system will be written using an eFAX capability. This insures that all the medications are appropriately entered into the computer to facilitate clarity and better communication. This is an important step towards using an electronic order entry system.

Smoke Free Campus Initiative – Mr. Troy Williams, Director of Risk Management, presented to MEC the Smoke Free Campus Initiative, which aims to implement a policy that prohibits smoking anywhere on the SFGH campus, including buildings, grounds, parking lots, and gardens. This policy will apply to everyone - staff, patients, visitors, and vendors. Key activities to implement and enforce the program were discussed. Kick-off date will be July 1, 2008.

6) SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE

This report was presented as part of the Hospital Administrator's Report.

7) PUBLIC COMMENT

None.

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Sue Carlisle, M.D., Associate Dean, Andre Campbell, M.D., Past Chief of Staff, Jeff Critchfield, M.D., Chief of Staff, Sue Currin, RN, Chief Nursing Officer, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Associate Administrator, Jay Kloo, Regulatory Affairs, Mark Leary, M.D., Department of Psychiatry, John Luce, M.D., CMO, Chair, PIPS, Sharon McCole Wicher, Director, Behavioral Health Services, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Roland Pickens, Associate Administrator, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Troy

Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF FEBRUARY 12, 2008

Action Taken: The Committee approved the February 12, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 4:55 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

.458
8/08
04-04-08 10:05 RCVD

Tuesday, April 8, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MARCH 11, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of March 11, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **JOINT COMMISSION CORE MEASURE QUARTERLY REPORT**
(Iman Nazeeri Simmons, MPH, Associate Administrator, Quality and Patient Safety)
**Report*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation
The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.
For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at
http://www.sfgov.org/sunshine.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, April 8, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Jeff Critchfield, M.D., Andre Campbell, M.D., Sue Carlisle, M.D., Alice Chen, M.D., Sue Currin, Kathy Eng, Delvecchio Finley, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Roland Pickens, Dan Schwager, Sue Schwartz and Troy Williams

2) APPROVAL OF THE MINUTES OF THE MARCH 11, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the March 11, 2008 San Francisco General Hospital Joint Conference Committee. As a follow up to the March 11th meeting, Commissioner Illig requested that the ACE Program be presented to the Long Term Care Coordinating Council.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, presented her report.

Budget Status Update

Closure of Worker's Compensation Clinic at SFGH
The SFGH Worker's Compensation Clinic was closed on March 15, 2008. Other clinics are available in the City and many workers already use them. All SFGH-OHS services provided on the first floor of Building 9, to include surveillance/pre-placement physical exams, and SFGH Employee Health Services, will continue as before. The needle stick hotline and follow up care will remain the responsibility of SFGH Employee Health Services. The Emergency Department will continue to see employees with emergent injuries requiring immediate medical treatment and those employees with injuries incurred after the designated clinics' operating hours.

April 15 Closures:

Closure of Health at Home Public Health Nursing Chronic Care Program
The San Francisco Department of Public Health, Health at Home, Public Health Nursing Chronic Care Program will close permanently on April 15, 2008 due to mid-year budget cuts. In order to provide care to current patients, and transition their care to other health providers, new patient referrals were no longer accepted as of March 26, 2008. All patients have been linked to medical homes. As of April 1, 2008, Nurse Case Managers began transferring their patient caseloads to other healthcare resources. Of the 384 clients on service as of February 2008, 219 clients have been discharged and linked to appropriate resources with the primary care provider notified as of April 3, 2008. The transition for the remaining 165 clients is scheduled to be completed by April 11, 2008.

Oral Surgery Clinic Reduction in Hours of Operation at SFGH
Beginning April 15, the 1N Oral Surgery Clinic will reduce from five days per week to 3 days: Monday, Wednesday and Fridays from 8am until 4pm. The Oral Surgery Clinic will have sedation cases on Wednesdays staffed by an RN floated from either 3D or 4C. Oral Surgeries operating room time will be changed from three half day sessions to 1 full day and 1 half day which will be on Tuesdays and Thursdays. This schedule allows the clinic to be fully staffed with attendings, residents and dental students on the three clinic days and the Operating Room on the remaining two weekdays. The Clinic will be staffed with 3 dental aides when clinic is in session. Preoperative history and physicals will be performed on Thursday mornings on 4M to consolidate patients from oral surgery and other services in order to have a pre-operative clinic optimizing current 4M staff.

8-Hour per Day Reduction in OR Time at SFGH
A reduction of 8 hours of operating room time per day will target both "Come and Go" and "Come and Stay" elective surgery procedures. An estimated 720 cases per year and a reduction of staffing for 4 surgical inpatient beds will be impacted. A subcommittee of the OR committee will determine the allocation of block time as a result of the reduction in OR hours.

Closure of Bridge to Wellness
This outpatient psychiatric program was scheduled for closure effective May 2, 2008. However, as all patients have been transferred to other providers, the Joint Commission has been notified that the clinic is closed.

Deletion of Vacant Positions

SFGH deleted 27 vacant positions, producing a savings (using the department attrition offset) of $2,249,020.

Elimination of Nuclear Medicine/Expansion of Cardiac Cath
Nuclear medicine services will be eliminated to fund the expansion of the Cardiac Catheterization lab from 60 hours per week to 24 hours per day. The expansion of the Cardiac Cath lab will provide an essential treatment for STEMI patients, the most common type of heart attack. The closure for nuclear medicine is currently being determined. Outpatients will go to the UCSF Mission Bay Imaging Center; inpatients will go to UCSF.

Transfer of STD Testing
Gonorrhea and Chlamydia testing will be transferred from the SFGH Clinical Laboratory to the DPH Public Health Laboratory.

Proposed reductions for the UCSF/CCSF Contract Budget FY08/09
Over the years, the UCSF Affiliation Agreement has not been fully funded and increase costs have been absorbed by the services. This year, the amount of money does not cover the spectrum of services. Associate Dean Sue Carlisle MD and the Service Chiefs have worked diligently with SFGH staff to identify operational efficiencies and the necessary reductions in services in order to meet the existing dollar limits of the Affiliation Agreement.

Operational Efficiencies: Consolidations and duties assigned to other staff

* Transfer inpatient phlebotomy services to inpatient nursing
* Decrease MD and increase NP duties in the Skilled Nursing Unit 4A
* Holter monitoring duties transferred to other staff
* On call inpatient Acute Dialysis nurses, decrease night hours, still open 6:30am-6:30pm
* Sputum induction services redesigned
* Reduce physician coverage in the ISIS clinic on Wednesdays and Sundays and have patients seen by Nurse practitioner with surgical consult available when needed

Service Reductions /Elimination

* Eliminate Infertility Services- 65-70 cases
* General Plastic Clinic for Trauma patients – close one session out of three per week, resulting in longer waits – 411 cases
* Eliminate Psychosocial Medicine Clinic- 708 clients non-acute mentally ill patients who are referred by primary care. Through funding from HSF, primary care will move to a model of care within the primary care clinic with mental health team to reduce psychosocial impediments to care.

Department of Mental Health State Licensing Survey
The California Department of Mental Health conducted a licensing survey at the Mental Health Resource Center April 1 – 4, 2008. The surveyors reviewed patient documentation, client activities, client money management, personnel files and employee health records, policies & procedures, facility maintenance, fire/life safety clearances, medication safety and all pharmacy-related issues. The findings were minimal and no citations were identified.

The Surveyors were uniformly complimentary of the MHRC staff, the MHRC environment, and the MHRC programs. The Surveyors were especially complimentary about Lann Wilder and the

hospital's Emergency Management and Disaster Plan – one surveyor noted that it was the best plan she had seen in all the counties she surveys.

Ms. O'Connell presented the Patient Flow Report for March 2008.

Committee Follow Up Action

- Regarding the elimination of the Psychosocial Medicine Clinic, commissioners asked for follow up from Primary Care to see if they are confident they will be able to absorb patients from this program and from the Chronic Care Nursing Program.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

March 2008 2320 RN Vacancy Rate
Overall 2320 RN vacancy rate for areas reported is 4.99%

SFGH Ratio Staffing Data, By Number of Shifts – 02/01/08 to 02/29/08
SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were two shifts when the area was unable to cover breaks.

Recruitment/Retention/Training/Professional Development:

Recruitment: The 2008 summer training program for new hires is being developed. Specific training programs for critical care, emergency department and medical-surgical nursing will also be developed.

RN Internship Program: A new graduate program is planned for the summer - 2008.

Retention/Professional Development: Planning is underway for the third Dorothy Washington Gala Fundraiser to be held May 9, 2008 at the Westin San Francisco. The second DPH Nurse Leaders retreat is scheduled for May 2, 2008. The event will be held in the Presidio and will offer sessions on leadership development and the DPH continuum of nursing care with opportunities for networking and professional development. Additional DPH Nurses' Week activities are planned. On Monday, May 12, 2008, Dr. Catherine Waters, Health Commissioner, will address DPH Nurses in Carr Auditorium at 4:00 pm. Her presentation will be followed by a reception and awards presentation in the SFGH cafeteria. The Daisy Award, Gene O'Connell Award and Mildred Crear awards are scheduled to be presented.

The Integrated Nurse Leadership Program at San Francisco General Hospital and Trauma Center
Patient safety is the first goal listed by SFGH and TC for 2007 – 2008. SFGH and TC Nursing Services in collaboration with the Integrated Nurse Leadership Program (INLP) is transforming care at the bedside by advancing nurse sensitive patient outcomes related to medication administration in the Medical-Surgical areas. This initiative made possible by a grant from the Betty Irene Moore Foundation, empowers the Medical Surgical nursing frontline staff to engage in hospital wide cultural changes related to medication management and patient safety.

Since its inception in December 2006, the INLP nursing team has made significant progress in transforming the culture of safe medication administration at SFGH & TC. There have been no

medication errors related to interruptions of nurses during medication administration or due to patient identification on units 4D and 5C since the evidenced based practices were implemented. The INLP nursing team will complete implementation of these evidenced-based practices in all Medical Surgical areas by April 30, 2008. The INLP team and Sue Currin, CNO presented the results of the initiative at the March 27, 2008 meeting, Call to Action and INLP: Celebrating Successes and Moving Forward.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

ANNOUNCEMENTS

Joint Commission Unannounced survey
Surveyors not yet on site.

Hospital Partial Power Outage Incident
The main hospital experienced a partial power outage due to an electrical distribution failure on Saturday, March 22, 2008. As a result, power was lost in a number of areas. Thereafter, smoke was visible in the OR Suite corridor, Radiology and the Emergency Department. The Fire Department arrived to assess the situation and determined that there was no active fire. Patients, visitors and staff were never in danger and there was no need to evacuate. The hospital went on trauma diversion for a couple of hours during the outage with our sister hospitals responding in a collaborative manner.

Mayoral field trip with City Department Heads
On the Monday following the partial power outage, Mayor Newsom and City Department heads visited SFGH. The visit was an excellent opportunity for administration and staff to talk about hospital activities, including the hospital rebuild and the status of the ongoing negotiations with the Trauma Heli-pad. The Mayor and Department Heads were very impressed with the hospital, and the services provided to City residents.

Dorothy Washington Gala Fundraiser for Nursing Education Fund –
The 3rd biennial SFGH Gala Fundraiser will be held on Friday, May 9th at the Westin San Francisco. At this dinner, 4 scholarships will be awarded to nurses continuing their education. Funds raised from the event benefit The Dorothy Washington Nursing Educational Fund. Lynn Jimenez-Catchings, KGO Radio, will serve as Master of Ceremonies and Janice Mirikitani, Founding President of the Glide Foundation, will be the Keynote Speaker.

eReferral Presentation
Alice Chen, Director of the General Medical Clinic, SFGH, updated the committee on eReferral.

6) JOINT COMMISSION CORE MEASURE QUARTERLY REPORT

Sue Schwartz, Quality Improvement Manager, presented the quarterly core measure report.

Committee Follow Up Action

- Commissioner Illig requested that the committee receive the charts in advance whenever possible.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:30 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Andre Campbell, M.D., Past Chief of Staff, Jeff Critchfield, M.D., Chief of Staff, Sue Currin, RN, Chief Nursing Officer, Delvecchio Finley, Associate Administrator, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Marti Paschal, Director of Administrative Operations, Roland Pickens, Associate Administrator, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2008

Action Taken: The Committee approved the March 11, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 5:25 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:25 p.m.

_____

Michele M. Seaton
Executive Secretary to the Health Commission

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

JOINT CONFERENCE COMMITTEE
FOR
SAN FRANCISCO GENERAL HOSPITAL

Tuesday, May 13, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE APRIL 8, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of April 8, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **CHART PATIENT EXPERIENCE SURVEY**
(Sue Schwartz, Performance Improvement Manager)
**Report*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

ACTION ITEM: **APPROVAL OF CLOSED SESSION MINUTES OF APRIL 8, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation
The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.
For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at
http://www.sfgov.org/sunshine.htm

James M. Illig
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HEALTH COMMISSION

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, April 8, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Jeff Critchfield, M.D., Andre Campbell, M.D., Sue Carlisle, M.D., Alice Chen, M.D., Sue Currin, Kathy Eng, Delvecchio Finley, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Roland Pickens, Dan Schwager, Sue Schwartz and Troy Williams

2) APPROVAL OF THE MINUTES OF THE MARCH 11, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the March 11, 2008 San Francisco General Hospital Joint Conference Committee. As a follow up to the March 11th meeting, Commissioner Illig requested that the ACE Program be presented to the Long Term Care Coordinating Council.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, presented her report.

Budget Status Update

Closure of Worker's Compensation Clinic at SFGH
The SFGH Worker's Compensation Clinic was closed on March 15, 2008. Other clinics are available in the City and many workers already use them. All SFGH-OHS services provided on the first floor of Building 9, to include surveillance/pre-placement physical exams, and SFGH Employee Health Services, will continue as before. The needle stick hotline and follow up care will remain the responsibility of SFGH Employee Health Services. The Emergency Department will continue to see employees with emergent injuries requiring immediate medical treatment and those employees with injuries incurred after the designated clinics' operating hours.

April 15 Closures:

Closure of Health at Home Public Health Nursing Chronic Care Program
The San Francisco Department of Public Health, Health at Home, Public Health Nursing Chronic Care Program will close permanently on April 15, 2008 due to mid-year budget cuts. In order to provide care to current patients, and transition their care to other health providers, new patient referrals were no longer accepted as of March 26, 2008. All patients have been linked to medical homes. As of April 1, 2008, Nurse Case Managers began transferring their patient caseloads to other healthcare resources. Of the 384 clients on service as of February 2008, 219 clients have been discharged and linked to appropriate resources with the primary care provider notified as of April 3, 2008. The transition for the remaining 165 clients is scheduled to be completed by April 11, 2008.

Oral Surgery Clinic Reduction in Hours of Operation at SFGH
Beginning April 15, the 1N Oral Surgery Clinic will reduce from five days per week to 3 days: Monday, Wednesday and Fridays from 8am until 4pm. The Oral Surgery Clinic will have sedation cases on Wednesdays staffed by an RN floated from either 3D or 4C. Oral Surgeries operating room time will be changed from three half day sessions to 1 full day and 1 half day which will be on Tuesdays and Thursdays. This schedule allows the clinic to be fully staffed with attendings, residents and dental students on the three clinic days and the Operating Room on the remaining two weekdays. The Clinic will be staffed with 3 dental aides when clinic is in session. Preoperative history and physicals will be performed on Thursday mornings on 4M to consolidate patients from oral surgery and other services in order to have a pre-operative clinic optimizing current 4M staff.

8-Hour per Day Reduction in OR Time at SFGH
A reduction of 8 hours of operating room time per day will target both "Come and Go" and "Come and Stay" elective surgery procedures. An estimated 720 cases per year and a reduction of staffing for 4 surgical inpatient beds will be impacted. A subcommittee of the OR committee will determine the allocation of block time as a result of the reduction in OR hours.

Closure of Bridge to Wellness
This outpatient psychiatric program was scheduled for closure effective May 2, 2008. However, as all patients have been transferred to other providers, the Joint Commission has been notified that the clinic is closed.

Deletion of Vacant Positions

SFGH deleted 27 vacant positions, producing a savings (using the department attrition offset) of $2,249,020.

Elimination of Nuclear Medicine/Expansion of Cardiac Cath
Nuclear medicine services will be eliminated to fund the expansion of the Cardiac Catheterization lab from 60 hours per week to 24 hours per day. The expansion of the Cardiac Cath lab will provide an essential treatment for STEMI patients, the most common type of heart attack. The closure for nuclear medicine is currently being determined. Outpatients will go to the UCSF Mission Bay Imaging Center; inpatients will go to UCSF.

Transfer of STD Testing
Gonorrhea and Chlamydia testing will be transferred from the SFGH Clinical Laboratory to the DPH Public Health Laboratory.

Proposed reductions for the UCSF/CCSF Contract Budget FY08/09
Over the years, the UCSF Affiliation Agreement has not been fully funded and increase costs have been absorbed by the services. This year, the amount of money does not cover the spectrum of services. Associate Dean Sue Carlisle MD and the Service Chiefs have worked diligently with SFGH staff to identify operational efficiencies and the necessary reductions in services in order to meet the existing dollar limits of the Affiliation Agreement.

Operational Efficiencies: Consolidations and duties assigned to other staff

* Transfer inpatient phlebotomy services to inpatient nursing
* Decrease MD and increase NP duties in the Skilled Nursing Unit 4A
* Holter monitoring duties transferred to other staff
* On call inpatient Acute Dialysis nurses, decrease night hours, still open 6:30am-6:30pm
* Sputum induction services redesigned
* Reduce physician coverage in the ISIS clinic on Wednesdays and Sundays and have patients seen by Nurse practitioner with surgical consult available when needed

Service Reductions /Elimination

* Eliminate Infertility Services- 65-70 cases
* General Plastic Clinic for Trauma patients – close one session out of three per week, resulting in longer waits – 411 cases
* Eliminate Psychosocial Medicine Clinic- 708 clients non-acute mentally ill patients who are referred by primary care. Through funding from HSF, primary care will move to a model of care within the primary care clinic with mental health team to reduce psychosocial impediments to care.

Department of Mental Health State Licensing Survey
The California Department of Mental Health conducted a licensing survey at the Mental Health Resource Center April 1 – 4, 2008. The surveyors reviewed patient documentation, client activities, client money management, personnel files and employee health records, policies & procedures, facility maintenance, fire/life safety clearances, medication safety and all pharmacy-related issues. The findings were minimal and no citations were identified.

The Surveyors were uniformly complimentary of the MHRC staff, the MHRC environment, and the MHRC programs. The Surveyors were especially complimentary about Lann Wilder and the

hospital's Emergency Management and Disaster Plan – one surveyor noted that it was the best plan she had seen in all the counties she surveys.

Ms. O'Connell presented the Patient Flow Report for March 2008.

Committee Follow Up Action

- Regarding the elimination of the Psychosocial Medicine Clinic, commissioners asked for follow up from Primary Care to see if they are confident they will be able to absorb patients from this program and from the Chronic Care Nursing Program.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

March 2008 2320 RN Vacancy Rate
Overall 2320 RN vacancy rate for areas reported is 4.99%

SFGH Ratio Staffing Data, By Number of Shifts – 02/01/08 to 02/29/08
SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were two shifts when the area was unable to cover breaks.

Recruitment/Retention/Training/Professional Development:

Recruitment: The 2008 summer training program for new hires is being developed. Specific training programs for critical care, emergency department and medical-surgical nursing will also be developed.

RN Internship Program: A new graduate program is planned for the summer - 2008.

Retention/Professional Development: Planning is underway for the third Dorothy Washington Gala Fundraiser to be held May 9, 2008 at the Westin San Francisco. The second DPH Nurse Leaders retreat is scheduled for May 2, 2008. The event will be held in the Presidio and will offer sessions on leadership development and the DPH continuum of nursing care with opportunities for networking and professional development. Additional DPH Nurses' Week activities are planned. On Monday, May 12, 2008, Dr. Catherine Waters, Health Commissioner, will address DPH Nurses in Carr Auditorium at 4:00 pm. Her presentation will be followed by a reception and awards presentation in the SFGH cafeteria. The Daisy Award, Gene O'Connell Award and Mildred Crear awards are scheduled to be presented.

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eReferral Presentation
Alice Chen, Director of the General Medical Clinic, SFGH, updated the committee on eReferral.

6) JOINT COMMISSION CORE MEASURE QUARTERLY REPORT

Sue Schwartz, Quality Improvement Manager, presented the quarterly core measure report.

Committee Follow Up Action

- Commissioner Illig requested that the committee receive the charts in advance whenever possible.

7) PUBLIC COMMENT

None.

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:30 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Andre Campbell, M.D., Past Chief of Staff, Jeff Critchfield, M.D., Chief of Staff, Sue Currin, RN, Chief Nursing Officer, Delvecchio Finley, Associate Administrator, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Marti Paschal, Director of Administrative Operations, Roland Pickens, Associate Administrator, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MARCH 11, 2008

Action Taken: The Committee approved the March 11, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 5:25 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:25 p.m.

_____

Michele M. Seaton
Executive Secretary to the Health Commission

James M. Illig
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, May 13, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Jeff Critchfield, M.D., Andre Campbell, M.D., Sue Currin, Delvecchio Finley, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Roland Pickens, Sue Schwartz, Catherine Thurow and Troy Williams

2) APPROVAL OF THE MINUTES OF THE APRIL 8, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the April 8, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Executive Administrator, presented her report.

PROGRAM UPDATES

Budget Status Update

1N Oral Surgery Clinic – Budget Cuts (Impact on 1st and 2nd Weeks)
Due to recent budget cuts, effective April 15, 2008, the 1N Oral Surgery Clinic reduced clinic hours from five to three days per week. The clinic is now open from 9:00 am to 4:30 pm, Monday, Wednesday and Friday and closed Tuesday and Thursday. To accommodate this reduction, several changes were implemented in the clinic. Operating Room (OR) block time for Oral Surgery was changed from Monday, Wednesday and Friday to Tuesday afternoons and all day on Thursday. This change allows the clinic to be fully staffed with residents and attending surgeons during clinic days. In addition, the Tuesday morning pre-operative clinic in 1N has been moved to Thursday morning in 4M. This has been a smooth transition, with residents and attendings satisfied with the flow of patients on Thursday mornings. The clinic's ability to perform moderate sedation cases is now limited specifically to Wednesdays. Current booking for sedation cases takes approximately two to four weeks. RN staffing for sedation cases is provided by a nurse floating from the 3D GI clinic. Overall, the response to this service reduction has been positive, except for the loss of time for 1 volunteer attending oral surgeon. The number of jail patients seen on 1N has been reduced from 6 per week to 3 - 4 per week due to reduced clinic days.

The number of patients seen daily, weekly and next available appointment wait times has been impacted. An analysis of data collected over the past 2 weeks shows a 14% increase in daily patient load with a 40% reduction in staff (the department has lost its RN and Unit Clerk positions). The number of patients seen in a week has decreased from 192 to 133. There has been a 15% increase in drop-in patients (from 122 to 144 patients in 5 clinic days). Also, the wait time for the next available clinic appointment has increased from under 2 weeks to over 3 weeks. This data supports anecdotal comments from staff, residents, and attendings that the daily patient load has increased, with a substantial increase in workload for the remaining staff. In light of this, several other changes have been proposed. Drop-in patients are to be limited to Friday afternoons only, on a trial basis. Drop-in patients will be accommodated on Monday afternoons. An additional time slot for one moderate sedation case on Monday afternoons has been suggested.

Chronic Care Public Health Nursing Program of HAH Closure
The Chronic Care Public Health Nursing Program of HAH closed on April 14, 2008. Staff (16.5 FTE) were all reassigned to other positions within the Health Department. These positions included a Nurse Manager, a medical records technician, a senior cleri typist, and 14.5 F.T.E. Public Health Nurses. All public health nurses were reassigned to existing public health nursing positions..

The program transitioned 257 clients in the last month before closure:

156 clients were referred back to their CHN clinic (breakdown by individual clinic *)
21 clients will be admitted and maintained by the Community Living Fund (CLF)
4 clients were transferred to the licensed home health agency, and
5 clients will be maintained on a short-term basis by the CLF nurses to ensure safe transition
71 clients were referred to Multipurpose Senior Service Programs, Linkage Program, Adult Day Health, Hospice, or non-CHN clinics or providers; some were admitted to SFGH.

The PHNs reported that all clients were connected to a primary care physician and they made their best attempt to ensure that each client had a follow-up appointment at their assigned primary care

clinic. If not confirmed, the task was given to the Triage Nurse at each CHN primary care center. A HAH referral nurse will be conducting a discharge survey via telephone to ensure that all clients are connected to appropriate resources by April 25, 2008. All medical records closure/transition and clerical processes associated with the program will be completed by April 21, 2008. SFGH has downloaded all the medical record numbers and will track the clients' access to care, including admissions.

*Closed Cases by CHN Clinic

GMC	FHC	MHHC	OPHC	SAFHC	CPHC	CMHC	Curry SC	PHHC	SEHC	NMHC
67	21	18	11	10	8	6	6	5	3	1

Operating Room Closure

On April 15, 2008, San Francisco General Hospital's Operating Room closed their ninth operating room for a total of 40 hours per week. The result of the closure has impacted the scheduling of elective surgical cases for many services including General Surgery, Orthopedic, and Neurosurgery. Prior to the closure, the average wait time to get an elective case scheduled was 4-6 weeks; the wait time is currently 6-8 weeks.

UCSF

Changes in service are being planned by UCSF for implementation July 1, 2008.

SFGH Rebuild Update

The SFGH General Obligation Bond Report was issued on May 1, 2008; the Capital Planning Committee will hear the report on Monday, May 12. The SFGH Rebuild website was launched May 2. SFGH and the Planning Department are currently preparing responses to the comments received on the Rebuild Draft Environmental Impact Report. The final EIR will be distributed to the Planning Commissioners on June 2; certification of the EIR and General Plan findings by the Planning Commission is scheduled for June 19. There will be a Board of Supervisors committee hearing on the bond ordinance on June 18; final passage of the bond ordinance at the Board will occur by July 29.

SFGH Lower Level of Care Placement Report

The SFGH Placement Team began meeting three weeks ago on a weekly basis with Liz Gray, DPH Director of Long Term Care Services, to discuss placement issues and resources and to review all patients needing a lower level of care. The team generates a lower level of care placement report which is sent to the team members, all nurse managers for each unit and Dr. Jeff Critchfield. The group is also meeting with IS to place the report on the web to allow the departments responsible for lower levels of care to input data in real time. This will allow the team to improve communication, and better identify and overcome obstacles (e.g., eligibility, money management, guardianship) to placement.

Awards

The Wraparound Project at SFGH, led by Dr. Rochelle Dicker, has been selected to receive the NAPH 2008 Safety Net Award in the category of Reducing Health Care Disparities. Improving Care for Hospitalized Older Adults: An Acute Care for Elders (ACE) Unit, headed by Dr. Edgar Pierluissi was selected to receive an honorable mention in the category of Patient Safety. The mission of the ACE Unit is to provide the best inpatient care for hospitalized older adults with a focus on maintaining and improving physical function.

The 2008 Safety Net Awards Ceremony will take place during lunch on Thursday, June 26 and is part of the NAPH Annual Conference that will be held from June 25-28 at The Eldorado Hotel, Santa Fe, NM.

For the sixth year in a row, Gene Marie O'Connell was honored by the San Francisco Business Times as one of the top 100 most influential women in Bay Area business.

Patient Flow Report for April 2008

Medical/Surgical
Average Daily Census was 238.6, which is 13% over budgeted beds and 98% of physical capacity of the hospital. 15% of the Medical/Surgical days were lower level of care and 7% were decertified/non-reimbursed days.

4A Skilled Nursing Unit
ADC for our skilled nursing unit was 28.2, which is 1% over our budgeted beds and 94% of physical capacity.

San Francisco Behavior Health Center
ADC for the San Francisco Behavior Health Center was 96.9, which is 9% below both our budgeted beds and our physical capacity.

Quality Council Minutes
Quality Council minutes for March 2008 were attached to the report.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

April 2008 2320 RN Vacancy Rate
Overall 2320 RN vacancy rate for areas reported is 5.73%

SFGH Ratio Staffing Data, By Number of Shifts – 04/01/08 to 04/309/08

SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were four shifts when the area was unable to cover breaks.

Recruitment/Retention/Training/Professional Development

RN Internship Program: New graduate program is planned for summer 2008.

Recruitment: SFGH Nursing attended the 04/25/08 City College of San Francisco job fair. Due to lack of available nursing positions, there is limited interviewing opportunity at this time. SFGH was the only hospital represented at the job fair which may be indicative of the decreased availability of new graduate RN positions.

Retention/Professional Development: The Dorothy Washington Gala Fundraiser will be held Friday May 9, 2008 at the Westin San Francisco. Currently, we have 327 attendees. Raffle tickets are being sold to raise additional funds. Four SFGH staff will be presented with $2500 scholarships on Friday evening: Nicole Dupree RN, Unit 4E Critical Care; Reginald Hortinela RN, Clinical

Educator, Acute Psychiatry; Karen Napitan RN; Unit 6B Acute Psychiatry; Malachy Osuagwu RN, Unit 5A Med-Surg.

The second DPH Nurse Leaders retreat was held May 2, 2008 at the Presidio Officers Club. One hundred fifteen nurses participated in the event. The program focused on leadership development and the DPH continuum of nursing care. Review of the American Nurses Association (ANA) Standards for Nursing Administration was presented by Dr. Carol Bickford. The DPH Nurses' Week activities are planned for Monday, May 5, 2008. Dr. Catherine Waters, Health Commissioner will addressed DPH Nurses in Carr Auditorium at 4:00pm followed by a reception and awards presentation in the SFGH cafeteria. Katie Ashero is an extraordinary nurse who was awarded the DAISY Award at the Nurses Week celebration. Gail Cobe RN, MSN, CNS received the O'Connell Society Award. Stephanie Chigos, working in Nursing Administration was named student of the month at the University San Francisco (USF) by the School of Nursing.

California Transplant Donor Network Recognition (CTDN)
On 04/24/08, SFGH received three recognition awards from the California Transplant Donor Network (CTDN) during the first annual collaborative conference "Organ & Tissue Donation – Success and Challenges" presented by SFGH, CTN and MTF Tissue Services and Eye Bank. SFGH received the award for adopting practices to achieve higher donation rates. Terry Dentoni, Nursing Director for Perioperative/CriticalCare/ Speciality Clinic Nursing, was recognized for her dedication, commitment, leadership and participation. In addition, Vivian Curd, Nurse Manager for Critical Care was also recognized for her commitment, leadership and participation. The program focused on donor and recipient experiences, review of organ donor management guidelines, goals, outcomes CTDN family services available and a review of the tissue donation process.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Appointment of Acting Service Chiefs
In compliance with the SFGH Medical Staff Bylaws, Rules and Regulations requiring MEC, the Associate Dean, and the Governing Body's approvals on all appointments for more than 90 days, MEC approved the continued appointments of the following Acting Chiefs:

- Hal Yee, MD, Acting Chief, Medicine
- James Dilley, MD, Acting Chief, Psychiatry
- Christopher Barton, MD, Acting Chief, Emergency Medicine

Joint Commission Unannounced survey
Surveyors are not yet on site. Members were requested to continue constant state of readiness, particularly in the areas of medication reconciliation, hand hygiene, and "do not use abbreviations."

Annual Medical Staff Dinner
The Annual Medical Staff Dinner will be on May 21, 2008. Highlights will be the Julius R. Krevans Awards to outstanding residents selected by Service Chiefs. The Krevans Awards recognizes "excellence in patient care, as exemplified by clinical competence, professional conduct, concern for patients and interaction with all level of staff, including peers."

UCSF Town Hall Meeting
A town hall meeting to share the UCSF Strategic Plan Progress was held at SFGH on April 23, 2008. Eugene Washington, MD, Executive Vice Chancellor and Provost, Office of the Executive VC,

discussed how the plan is being implemented to advance UCSF's fourfold mission of education, heal sciences research, patient care, and community service. The plan charts the University's course as a global leader in health sciences over the next decade. Dr. Campbell was pleased to report that the discussions included commendations about the research programs and activities at SFGH.

Dean Schillinger, DM
Dean Schillinger, MD, Associate Professor of Clinical Medicine for UCSF, and practicing physician at SFGH, has been named Chief of the California Diabetes Program. In his new role, Dr. Schillinger will guide policy and be the leading provider of diabetes expertise for the state of California. He will continue to hold a faculty appointment at UCSF, carry out his clinical work at SFGH, and further his research in improving the health of vulnerable, low-income populations.

Action Taken: The Committee approved the approved the continued appointments of the following Acting Chiefs:

- Hal Yee, MD, Acting Chief, Medicine
- James Dilley, MD, Acting Chief, Psychiatry
- Christopher Barton, MD, Acting Chief, Emergency Medicine

6) CHART PATIENT EXPERIENCE SURVEY

Sue Schwartz, Performance Improvement Manager), presented the CHART Patient Experience Surve and the Hospital Consumer Assessment of Healthcare Providers and Systems. Results are publicly reported on www.calhospitalcompare.org. Patients are surveyed on their hospital experience and aske questions about how they would rate the hospital and would they recommend the hospital to friends a family. SFGH internally tracks patient survey data as well as performance measures related to improving the patient experience.

7) PUBLIC COMMENT

None.

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:05 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Andre Campbell, M.D., Past Chief of Staff, Jeff Critchfield, M.D., Chief of Staff, Sue Currin, RN, Chief Nursing Officer, Delvecchio Finley, Associate Administrator, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Marti Paschal, Director of

Administrative Operations, Roland Pickens, Associate Administrator, Sue Schwartz, Quality Improvement Manager, Catherine Thurow, Dean's Office, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF APRIL 8, 2008

Action Taken: The Committee approved the April 8, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 4:30 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 4:30 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

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Web Site: http://www.sfdph.org

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, June 10, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE MAY 13, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of May 13, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **PUBLIC COMMENT****

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF MAY 13, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT AND NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

8) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access
Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation
The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.
For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at
http://www.sfgov.org/sunshine.htm

James M. Illig
President

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, June 10, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner Catherine Waters, RN, PhD, Member

Absent: Commissioner James Illig, Member

Staff: Jeff Critchfield, M.D., Andre Campbell, M.D., Sue Carlisle, M.D., Sue Currin, Kathy Eng, Delvecchio Finley, Myra Garcia, Valerie Inouye, Kathy Jung, Sharon Kotabe, Pharm. D., John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Marti Paschal, Roland Pickens, Dan Schwager and Troy Williams.

2) APPROVAL OF THE MINUTES OF THE MAY 13, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the May 13, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Executive Administrator's Report.

PROGRAM UPDATES

Budget Status Update
On Monday, June 2, Mayor Gavin Newsom presented the FY 2008/2009 city budget. The $6.5 billion budget includes potential layoffs of 450 city employees. SFGH Human Resources is preparing a tally of the number of SFGH employees being laid off and those being displaced.

SFGH Rebuild Update
The SFGH Rebuild Environmental Impact Report was published on June 2. Certification of the EIR and General Plan findings by the Planning Commission is scheduled for June 19. There will be a Board of Supervisors Government Audit and Oversight Committee hearing on the bond ordinance on June 16. Final passage of the bond ordinance at the Board will occur by July 29.

American College of Surgeons Committee on Cancer Survey
San Francisco General Hospital & Trauma Center successfully underwent the American College of Surgeons Committee on Cancer survey on May 8, 2008, conducted by William Reed, MD. Although the official scoring of SFGH's compliance will be completed by the ACoS staff after Dr. Reed submits his report, the verbal comments from the surveyor were very positive. The highlights of the findings are that the cancer program at SFGH is doing an excellent job of caring for cancer patients, and the Tumor Board presentation of cases was excellent with appropriate multi-disciplinary discussion of treatment recommendations and staging. The only deficiencies noted were related to our delay in case abstracting due to staffing issues in the Tumor Registry. Dr. Reed did commend the hard work of our new registry staff in their efforts to complete case abstraction in a more timely manner. Dr. Reed will recommend to the ACoS compliance with Commendation in several areas:

Research study enrollment
Adherence to College of American Pathologist treatment guidelines
Community Outreach activities
Quality Improvement activities
Registry staff education

Dr. Reed was impressed with a tour of selected hospital areas involved in cancer care: the Avon Breast Center, 4C Infusion Center, Unit 5A, and the Inpatient Pharmacy. Staff did an excellent job of articulating the high quality care we provide to our patients. Congratulations to everyone involved in this outstanding program.

Awards
Blue Walcer, founder and director of the CARE (Cancer Awareness, Resources and Education) program and health education coordinator at San Francisco General Hospital, was one of eight outstanding cancer care providers to receive the 2008 American Cancer Society Lane W. Adams Quality of Life Award, a prestigious national prize for cancer caring. The Lane W. Adams Quality of Life Award recognizes individuals who have made a difference through innovation, leadership, and consistent excellence in providing compassionate, skilled care, and counsel to persons living with cancer and their families. Ms. Walcer was described as understanding more than most the obstacles faced by poor or even homeless cancer patients. She has provided participants of the

CARE program with comprehensive cancer-related education, thereby enhancing patient's understanding of their diagnosis and encouraging these cancer patients to gain a sense of control over their lives. The awards were presented in a ceremony in Los Angeles on Friday, May 9, 2008.

Patient Flow Report for May 2008

Medical/Surgical

Average Daily Census was 244.6, which is 16% over budgeted beds and 100% of physical capacity of the hospital. 14% of the Medical/Surgical days were lower level of care and 5% were decertified/non-reimbursed days.

Acute Psychiatry

ADC for Psychiatry beds was 67.9, which is 81% of budget and 70% of physical capacity. Latest Utilization Review data from the Mental Health billing system, month of April, shows 71% non-acute days (29% lower level of care and 42% non-reimbursed). This data is based on discharges, do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 29.5, which is 6% over our budgeted beds and 98% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 100.8, which is 5% below both our budgeted beds and our physical capacity.

Quality Council Minutes

The Quality Council minutes for April 2008 were attached to the report.

Commissioners' Comments/Follow-Up Action

- Commissioner Chow asked why the diversion rate is higher than last year. Dr. Critchfiled said it is in large part due to the census reduction at Laguna Honda Hospital. There are many non-acute patient waiting placement who previously would have gone to Laguna Honda. Ms. Currin said they are working hard with the medical staff on patient flow. Things would be a lot worse if the medical respite program were not available. Commissioner Chow asked that the JCC receive a placement report: what are the barriers, where are patients going, etc.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

May 2008 2320 RN Vacancy Rate

Overall 2320 RN vacancy rate for areas reported is 6.98%

SFGH Ratio Staffing Data, By Number of Shifts – 05/01/08 to 05/31/08

SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were four shifts when the area was unable to cover breaks.

RECRUITMENT/RETENTION/TRAINING/PROFESSIONAL DEVELOPMENT

Recruitment: New graduates are continuing to apply for RN positions at SFGH. The OR has filled four positions for a training program this summer. Critical care continues to interview for a summer

training program. Medical-surgical nursing is planning to hire approximately fifteen RNs for a program in late summer and is also conducting interviews.

Retention: SFGH & TC Nursing Services is partnering with San Francisco State University, City College of San Francisco and College of San Mateo along with Laguna Honda and CPMC on a planning grant proposal. The planning grant will allow for the development of a collaborative model of seamless academic progression from associate degree to baccalaureate degree nursing programs. As a partner SFGH will contribute in kind hours for the planning process. The collaborative partners will then apply for a $250,000 grant to fund the model, once developed. This program will benefit the Bay area by providing RNs with higher levels of academic preparation.

An informational meeting with USF coming to SFGH & TC is being held on June 3 to inform RN staff of the USF Clinical Nurse Leader program. The first cohort of SFGH CNL students will graduate in August 2008.

RN Internship: Two new graduate classes are being held in late July for new graduate RNs who have started working at SFGH in the first half of 2008. A full new graduate program will begin in September 2008.

Professional Development: Congratulations to Jane Cino, RN, BS, CCRN, Nurse Manager for the PACU and Surgicenter, for successfully renewing her Critical Care Registered Nurse (CCRN) certification. Research has demonstrated that the CCRN certification is specifically linked to advanced clinical knowledge, experience, skill and commitment to patient excellence. CCRN certification is an indicator of nurses who are motivated to maintain clinical expertise in a rapidly changing critical care environment. Congratulations Jane on a job well done!

SFGH Diversion Report for May 2008

The Emergency Department had a Diversion rate of 34% (228 hours) for the month of May 2008. Trauma Override comprised 10% (71 hours) of the total rate of Diversion Hours recorded. This is an increase of 12% compared to the previous month. Diversion was suspended citywide for 15% of the month.

During Diversion the ED held 450 admitted patients waiting for inpatient bed availability (ICU-16, 4B/5R-196, Med/Surgical-238). The hospital was on Condition Yellow for 439 hours (59%).

PES Conditions Red and Yellow Reports

PES had 483 patient encounters during April and 506 in May. PES admitted a total of 132 patients to SFGH inpatient psychiatric units in May 2008, which was down from 142 in April 2008. In May, a total of 374 patients were discharged from PES, with 49 to ADUs, 15 to other psychiatric hospitals and 310 to community/home. In May, PES was on Condition Yellow for a total of 3.9 hours, which was down from 39.70 hours in April. The average length of Condition Yellow decreased in the month of May to 3.9 hours from 13.2 hours in April. There was an increase in Condition Red from April to May. PES was on Condition Red for 186.9 hours during 16 episodes in May. The average length of Condition Red was 11.7 hours. In April, PES was on condition Red for 137.1 hours during 10 episodes, averaging 13.7 hours. The average length of stay in PES for the month of May was 26.4 hours, which was an increase from 24.8 hours in April.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Joint Commission Unannounced survey
Members were requested to continue constant state of readiness, particularly in the areas of medication reconciliation, hand hygiene, and "do not use abbreviations." By its own rule, Joint Commission is required to conduct the SFGH Accreditation Survey no later than July 14, 2008.

Annual Medical Staff Dinner

- The Annual Medical Staff Dinner was held on May 21, 2008. The Elliot Rappaport Award was presented to Dr. Grant Gauger for his long-standing service to SFGH. Dr. Gauger is the Acting Service Chief of the SFGH Neurosurgery Service. Members congratulated and commended Dr. Gauger for his outstanding work at SFGH.

- Todd May was approved to be the Chief-of-Staff elect. Dr. May is a Clinical Professor of Family Medicine, Director of the Family Practice Inpatient service. He begins his 2 year term as Chief of Staff on July 1, 2009.

New Chiefs for the SFGH Surgery and Ophthalmology Services
MEC approved the appointment of the following highly-qualified candidates as new Service Chiefs:

- Michael West, MD, PhD – Surgery Service. Dr. West currently serves as Chief of Trauma Surgery and Critical Care at Northwestern University in Chicago. His clinical and research focus, surgical sepsis and regulation of host response to abdominal surgery, will serve as an outstanding compliment to the surgical program at SFGH. Dr. West is scheduled to start at SFGH on September 1, 2008. The nomination was put forward by Kevin Grumbach, who chaired the search committee.

- Bennie Jeng, MD – Ophthalmology Service. Dr. Jeng is an assistant professor at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University and is on the staff of the Cole Eye Institute in Cleveland, where he completed his residency training. He did a fellowship in cornea and external disease, refractive surgery and uveitis at UCSF, and earned his medical degree at the University of Pennsylvania School of Medicine. Dr. Jeng's primary interests are in the areas of corneal transplantation, ocular surface disease, limbal stem-cell transplantation, and artificial corneas. Dr. Jeng is scheduled to start at SFGH on August 15, 2008. The nomination was put forward by Andy Murr who chaired the search committee.

Commissioners' Comments/Follow Up Actions

- Commissioner Chow said he was impressed by the interns who received recognition at the Annual Dinner, and asked that the summaries of each of the awardees be distributed to all Commissioners.

Action Taken: The Committee approved Michael West, M.D., Ph.D. as Chief of the Surgery Service.

Action Taken: The Committee approved Bennie Jeng, M.D. as Chief of the Ophthalmology Service.

6) **PUBLIC COMMENT**

None.

7) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 3:45 p.m. Present in the closed session were Commissioner Chow, Commissioner Waters, Andre Campbell, M.D., Past Chief of Staff, Jeff Critchfield, M.D., Chief of Staff, Sue Carlisle, M.D., Associate Dean, Sue Currin, RN, Chief Nursing Officer, Kathy Eng, Director of Health at Home, Delvecchio Finley, Associate Administrator, Myra Garcia, CPCS, CMSC, MSSD Analyst, Kathy Jung, Associate Administrator, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Marti Paschal, Director of Administrative Operations, Roland Pickens, Associate Administrator, Dan Schwager, Director of Medical Staff Services, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article 1, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF MAY 13, 2008

Action Taken: The Committee approved the May 13, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 4:30 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

8) ADJOURNMENT

The meeting was adjourned at 4:30 p.m.

_____

Michele M. Seaton
Executive Secretary to the Health Commission

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, July 8, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JUNE 10, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of June 10, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **UPDATE ON DEPARTMENT OF PSYCHIATRY**
(James Dilley, M.D., Interim Chief of Psychiatry)
**Update*

7) **FOR DISCUSSION:** **JOINT COMMISSION CORE MEASURES QUARTERLY REPORT**
(Iman Nazeeri Simmons, MPH, Associate Administrator, Quality and Patient Safety)
**Report*

8) **PUBLIC COMMENT****

9) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF JUNE 10, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT AND NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

10) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.**

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, July 8, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Jeff Critchfield, M.D., Sue Currin, James Dilley, M.D., Doug Eckman, Kathy Eng, Delvecchio Finley, Myra Garcia, Valerie Inouye, Sharon Kotabe, Pharm. D., Mark Leary, M.D., John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Dan Schwager, Sharon McCole Wicher and Troy Williams.

2) APPROVAL OF THE MINUTES OF THE JUNE 10, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the June 10, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

PROGRAM UPDATES

Budget Status Update
Workers Comp Clinic Closure – effective March 15

8-Hour Per Day Reduction in OR Time – effective April 15

Oral Surgery Clinic Reduction in Hours of Operation – effective April 15

HAH Public Health Nursing Chronic Care Program Closure – effective April 15

Bridge to Wellness Closure – effective May 2

Elimination of Nuclear Medicine Services – effective July 1

Transfer of Gonorrhea and Chlamydia Testing to DPH Public Health Laboratory – in process of transferring

Expansion of Cardiac Catheterization Lab – in the process of increasing to 24/7

SFGH Rebuild Update
On June 19 the Planning Commission certified the Environmental Impact Report and the General Plan findings.

A hearing on the bond ordinance is scheduled before the Board of Supervisors Government Audit and Oversight Committee hearing on July 7. A summary of that hearing was provided to the Commissioners at the meeting. Final passage of the bond ordinance at the Board will occur by July 29. An informational presentation will be held before the Civic Design Review Committee of the San Francisco Arts Commission on July 21.

Controller's Office Report
The Office of the Controller, City Services Auditor, issued its Performance and Efficiency Review of the Department of Public Health on June 20, 2008.

This report analyzes the Department of Public Health's provision of services, efficiency of operations, and patients and payer mix. It draws on multiple analyses planned and coordinated by the Controller's Office from 2005-2008, including the Lewin Group Market Assessment and Benchmarking Project issued last year. The strong performance of San Francisco General Hospital and Trauma Center and the Department of Public Health's role as the City's healthcare safety net provider are featured. Recommendations from the Controller's Office for the Department include:

- Continue to focus on primary care clinic redesign to reduce wait times for appointments and increase patient throughput
- Develop more out-patient, community-based health services, including smaller facilities and in-home services for long-term and skilled nursing care

- Expand care delivery alternatives for lower acuity and medical and psychiatric services to allow expansion of hospital trauma volume and acute inpatient capacity
- Increase investments in information technology
- Maintain area hospital capacity, including rebuilding San Francisco General Hospital and Trauma Center

Awards & Grants
SFGH Family Health Center received a $25,000 California Pacific Medical Center 2008 Community Health Programs Grant for its Health Coaches for Youth Program. The grant will allow the Family Health Center to expand the adolescent and young adults clinic and to incorporate health coaching into work with young people, particularly vulnerable and underserved groups such as foster care youth aging out of children's services. The grant was presented at the fifth Annual Community Benefit Awards dinner and celebration held June 23.

Patient Flow Report for June 2008
Medical/Surgical
Average Daily Census was 236.5, which is 12% over budgeted beds and 97% of physical capacity of the hospital. 13% of the Medical/Surgical days were lower level of care and 4% were decertified/non-reimbursed days.

Acute Psychiatry
ADC for Psychiatry beds was 67.5, which is 80% of budget and 69% of physical capacity. Latest Utilization Review data from the Mental Health billing system, month of May, shows 69% non-acute days (23% lower level of care and 47% non-reimbursed). This data is based on discharges, do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit
ADC for our skilled nursing unit was 29.9, which is 7% over our budgeted beds and very close to 100% of physical capacity.

San Francisco Behavior Health Center
ADC for the San Francisco Behavior Health Center was 99.3, which is 6% below both our budgeted beds and our physical capacity.

Quality Council Minutes
The Quality Council minutes for May 2008 were attached to the report.

Commissioners' Comments/Follow-Up Action

- Commissioner Illig will request from the DPH CFO an update of those structural needs not funded in the FY2008-2009 budget. Ms. O'Connell noted that Dr. Jeff Critchfield is heading the effort for medical staff to review the admission and placement process to decrease the census in the medical surgical units.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

June 2008 2320 RN Vacancy Rate
Overall 2320 RN vacancy rate for areas reported is 3.79%.

SFGH Ratio Staffing Data, By Number of Shifts – 06/01/08 to 06/27/08
SFGH was able to meet staffing ratios in all areas except in Medical Surgical where there two shifts when the area was unable to cover breaks and in Psychiatry where there was one shift when the area was unable to cover breaks.

RECRUITMENT/RETENTION/TRAINING/PROFESSIONAL DEVELOPMENT
Recruitment/Training: SFGH Med/Surg Division will conduct a training program for new graduates and reassignments in August 2008. Critical Care, Emergency Department, and Operating Room will also conduct training programs for staff that have transferred internally as well as new RNs hired in August.

Professional Development: The first USF / SFGH Clinical Nurse Leader Graduate Program (CNL) cohort of eleven staff members will graduate in August 2008. The students are in the process of completing their internship hours within the department of nursing. One CNL group is working on a grant to the Moore Foundation for $40,000 to hire a consultant to conduct a readiness assessment in preparation for Magnet status. The second CNL cohort has completed their baccalaureate requirements and will be starting graduate studies in September 2008. The USF CNL program continues to be a successful partnership between the USF School of Nursing and SFGH.

Homeless Prenatal Program honors the 6C- Birth Center Staff
On May 17, 2008, the Homeless Prenatal Program (HPP), through its Founder and Executive Director, Martha Ryan, honored the 6C-Birth Center nurses at their Gala for their commitment to serve and care for the homeless pregnant women and their families.

Since 1989, HPP has worked to end homelessness and break the cycle of poverty in families. Initially, the care that HPP provided was limited to homeless women living in a shelter; now the program offers support and comprehensive services to the entire family, more than 2,600 homeless families in San Francisco, from their own three-story building on 18th St at Potrero Avenue. They have 55 staff members, about 50% of whom are formerly homeless mothers themselves.

All of the HPP patients deliver their babies at San Francisco General Hospital- Birth Center. Consequently, the working relationship between the two entities has grown closer over the years. In 2007, the Birth Center nurses raised more than $6,000 through their participation at the San Francisco Marathon. The full amount was donated to the Homeless Prenatal Program.

HPP wrote "with regards to SFGH's nurses in Labor and Delivery, there is an esprit de corps that centers on CARING. CARING is the essence of nursing. Caring means going beyond the complex tasks of providing physical care. It means addressing the social, spiritual and emotional needs of women and their infants. This is what the Birth Center nurses do, and that is why they are unparalleled in their practice. Supporting the Homeless Prenatal Program is an example of this ethic of caring."

Enhanced Medication Pass Tool/Process
On June 9, 2008, the SFGH medication pass observation audit was enhanced by adopting the California Nursing Outcomes Coalition (CalNOC) processes Staff from all nursing departments attended a full day Medication Administration Accuracy Observer Training presented by the UCSF Associate Director of the Center for Research and Innovation in Patient Care, Nancy Donaldson, RN, DNSc, FAAN. To date, a total of 160 nursing staff have been trained to use the CalNOC tools and methodology. All nurses who administer medications will be observed performing medication

passes by trained staff on a quarterly basis. The overall goal of the enhanced process is to improve the accuracy of the current medication administration practices, thereby decreasing medication administration and systems errors.

Inpatient IV Therapy - Phlebotomy Team
Effective 07/01/08, the Clinical Laboratory under UCSF will no longer provide phlebotomy services to the Inpatient Units, including Med-Surg, Maternal-Child, Psychiatry, PES and BHC. In preparation for this change in service, Nursing formed an Inpatient IV Therapy - Phlebotomy Team comprised of redeployed Licensed Vocational Nurses (LVN's) from Med-Surg. The Team is operational 24 hour per day and reports directly to the Nursing Director of Operations or designee.

The Team completed extensive training on blood draw procedures, phlebotomy and infection control. The redeployment of LVN's resulted in a skill mix change in Med-Surg that is consistent with the MOU. In addition to the Inpatient IV Therapy - Phlebotomy Team, LVN's will continue to work in the telemetry units, Discharge Lounge, and Pharmacy and are also trained to provide cross-coverage.

SFGH Diversion Report for June 2008
The Emergency Department had a diversion rate of 31% (219 hours) for the month of June 2008. Trauma Override comprised 6% (45 hours) of the diversion hours recorded. This is a decrease of 9% compared to the previous month. During diversion the ED held 450 admitted patients waiting for inpatient bed availability (ICU-17, 4B/5R-185 Med/Surgical-238).

The hospital was on Condition Yellow 18% (126 hours). EMSA suspension hours were not available at the time this report was released.

PES Conditions Red and Yellow Reports
PES had 506 patient encounters during May and 484 in June. PES admitted a total of 116 patients to SFGH inpatient psychiatric units in June 2008, which was down from 133 in May 2008. In June, a total of 368 patients were discharged from PES, with 41 to ADUs, 13 to other psychiatric hospitals and 314 to community/home.

In June, PES was on Condition Yellow for a total of 2.65 hours, which was down from 3.9 hours in May. The average length of Condition Yellow decreased in the month of June to 2.65 hours from 3.9 hours in May.

There was a decrease in Condition Red from May to June. PES was on Condition Red for 178.4 hours during 16 episodes in June. The average length of Condition Red was 11.15 hours. In May, PES was on condition Red for 186.9 hours during 16 episodes, averaging 11.7 hours.

The average length of stay in PES for the month of June was 24.0 hours, which was a decrease from 26.42 hours in May.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Smoke Free Campus initiative begun July 1st
Inpatient providers are working closely with nursing representatives to educate patients about nicotine addiction management strategies. Pre-printed nicotine replacement order sheets are

available on all the inpatient wards and soon will be included in the admission packet of all patients to serve as a trigger to address smoking issues with all patients early during the hospitalization. Recent studies demonstrate that over 50% of SFGH patients have smoked within several days of their admission to the hospital. Colleagues at the UCSF Parnassus campus are watching our program closely as they make their own preparations for a smoke-free campus.

New house officers on campus
New interns arrived at SFGH in late June 2008. The SFGH Emergency Department now has its own training program.

Krevans Awards
The biographies of the Krevans award recipients honored at the 2008 Annual Medical Staff Dinner were attached to the report.

NAPH Awards
Two SFGH programs received recognition at the NAPH annual conference held June 25-28, 2008. The Trauma Wraparound Project at SFGH received an award for reducing health care disparities. The ACE unit at SFGH received an honorable mention award for innovations in patient safety. On June 24th, Channel 2 KTVU ran a very nice segment on the evening news of the work of the ACE unit. The story acknowledged that SFGH is a national leader in trauma care and is now demonstrating innovation in the care of hospitalized elderly patients.

6) UPDATE ON DEPARTMENT OF PSYCHIATRY

Dr. James Dilley, Acting Chief of Psychiatry, presented an update on the Department of Psychiatry.

Commissioners' Comments/Follow-Up Action

- Dr. Dilley noted that the Urgent Care Center, a 16-hour program designed to download patients from Psychiatric Emergency Services, is scheduled to open July 10 and an Acute Diversion Unit for 2-3 day stays will open in August or September. CBHS will now allow patients to maintain priority positions for ADU slots after being discharged from SFGH to residential hotels. Commissioner Illig requested a review this year of the community programs that are linked to the psychiatry program. Commissioner Chow requested a follow up report on the impact of the Urgent Care Center and Acute Diversion Unit.

7) JOINT COMMISSION CORE MEASURES QUARTERLY REPORT

Iman Nazeeri Simmons, MPH, Associate Administrator, Quality and Patient Safety, presented the Joint Commission Core Measures Quarterly Report.

8) PUBLIC COMMENT

None.

9) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:20 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, Chief Nursing Officer, Doug Eckman, Dean's Office, Kathy Eng, Director, Health at Home, Delvecchio Finley, Associate Hospital Administrator, Myra Garcia, CPCS, CMSC, MSSD Analyst, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., Chief Medical Officer, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Hospital Administrator, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Dan Schwager, Director of Medical Staff Services, Sharon McCole Wicher and Troy Williams, Director, Risk Management.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JUNE 10, 2008

Action Taken: The Committee approved the June 10, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 4:50 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

_____

Marti Pascal, Director of Administrative Operations
San Francisco General Hospital and Trauma Center
(Filling in for Michele Seaton, Health Commission
Executive Secretary)

James M. Illig
President

Sonia E. Melara, MSW
Vice President

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AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, August 12, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE JULY 8, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of July 8, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION:** **FINANCE REPORT**
(Valerie Inouye, Chief Financial Officer)
**Report*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF JULY 8, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer
Iman Nazeeri-Simmons, MPH, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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http://www.sfgov.org/sunshine.htm

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, August 12, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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OCT 14 2008

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig

Absent: Commissioner Catherine Waters, RN, PhD (excused)

Staff: Kosal Bo, Sue Carlisle, M.D., Jeff Critchfield, M.D., Sue Currin, Kathy Eng, Valerie Inouye, Sharon Kotabe, Pharm. D., John Luce, M.D., Anson Moon, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Dan Schwager, Barbara Walter and Troy Williams.

2) APPROVAL OF THE MINUTES OF THE JULY 8, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the July 8, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

SFGH Rebuild Update

An informational presentation was held before the Civic Design Review Committee of the San Francisco Arts Commission on July 21. On July 22, the Board of Supervisors approved an ordinance to place the $887.4 million hospital rebuild general obligation bond measure on the November 2008 ballot. An information presentation will be held before the Arts Commission on August 18. Design development user group meetings are in progress to review the space data sheets prepared by the various hospital departments.

CMS Validation Survey

The Center for Medicare & Medicaid Services (CMS) conducted a focused validation survey from July 7 - 10, 2008 at SFGH. The focus of the survey was to review a plan of correction submitted to the California Department of Public Health. The survey team consisted of two registered nurse surveyors and one physician surveyor. At the end of the survey, the CMS team indicated that they had minor findings related to hand hygiene, policy and procedures in the operating room, and proper documentation in the medical record. Overall the surveyors were very complimentary of the care delivered at SFGH and were highly impressed with the staff they interviewed.

New Hires

Frank Kuziel joined SFGH as Director of the Health Information Services effective July 14, 2008. Frank held a similar position at St. Vincent Regional Medical Center in Santa Fe, New Mexico, and is a Registered Health Information Administrator and Certified Coding Specialist.

The San Francisco General Hospital Foundation recently announced the hiring of Mary Louise Casey as Director of Major Gifts. As a former Director of Development, Mary brings over 25 years of fundraising experience and has an extensive knowledge of annual funds, capital campaigns, planned giving and special events.

Awards & Grants

APA Family Support Services honored San Francisco General Hospital at its 21st Anniversary Celebration Dinner on July 18. SFGH was recognized for its many years of support serving children and families.

The San Francisco General Hospital Foundation has won a $1.15 million grant from the Avon Foundation to fund SFGH's breast cancer detection and treatment programs. The grant will fund upgrades to mammography equipment, augment funding for clinical trials and peer support programs for patients, and provide continued support to the Avon Comprehensive Breast Care Center. Since it opened four years ago, the center has performed 28,000 mammograms and 3,800 mobile breast screenings for women in poor communities, using a portable testing unit.

Patient Flow Report for July 2008

Medical/Surgical

Average Daily Census was 227.5, which is 8% over budgeted beds and 93% of physical capacity of the hospital. 16% of the Medical/Surgical days were lower level of care and 3% were decertified/non-reimbursed days.

Acute Psychiatry
ADC for Psychiatry beds was 60.2, which is 72% of budget and 62% of physical capacity. Latest Utilization Review data from the Mental Health billing system, month of June, shows 79% non-acute days (20% lower level of care and 58% non-reimbursed). This data is based on discharges and does not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit
ADC for our skilled nursing unit was 29.0, which is 4% over our budgeted beds and very close to 97% of physical capacity.

San Francisco Behavior Health Center
ADC for the San Francisco Behavior Health Center was 100.3, which is 5% below both our budgeted beds and our physical capacity.

Quality Council Minutes
The Quality Council minutes for June 2008 were attached to the report.

Committee Comments/Follow Up

- Commissioner Illig asked staff to bring clarifying information at the next meeting about why the percentage of administrative and denied days continues to increase. Ms. O'Connell said that Liz Gray is preparing a placement report for the next meeting.

- The Committee agreed to reschedule the September San Francisco General Hospital Joint Conference Committee meeting to Wednesday, September 10, 3:30 p.m.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

July 2008 2320 RN Vacancy Rate
Overall 2320 RN vacancy rate for areas reported is 8.55%

SFGH Ratio Staffing Data: 07/01/08 to 07/30/08
SFGH was able to meet staffing ratios in all areas except in Psychiatry where there was one shift when the area was unable to cover breaks.

Recruitment/Retention/Training/Professional Development
RN Internship Program: New graduate RNs have been hired in the medical-surgical and critical care areas. The new graduate RNs will start in August and will participate in each of the training program scheduled to begin in late September to early October 2008.

Recruitment: Candidates have been hired for training programs and additional open positions. At present, applications far exceed available positions.

Retention/Professional Development: The first cohort of SFGH nurses in the USF Clinical Nurse Leader program will be completing the program in August 2008. The ten SFGH nurses in the program completed classes on August 6, and will be honored at pinning ceremony on August 12, 2008 at USF and awarded a Master's degree in Nursing. In addition, the group will participate in a

conference at USF titled, The Clinical Nurse Leader Program in California: Improving the Healthcare System.

Betty and Gordon Moore Foundation - Bay Area Journey to Nursing Excellence Grant Program
San Francisco General Hospital and Trauma Center has applied and received a $40,000 grant from the Betty and Gordon Moore Foundation - Bay Area Journey to Nursing Excellence Grant Program. This grant will allow the hospital to contract with an external consultant from the American Nurses Credentialing Center (ANCC). The ANCC consultant will provide assessment, guidance and educational services in support of our journey to nursing excellence and Magnet designation.

Emergency Department (ED) Diversion Report - July 2008
The Emergency Department had a Diversion rate of 31% (197 hours) for the month of July 2008. Trauma Override comprised 4% (30 hours) of the diversion hours recorded. There was no significant change in the rate compared with the previous month's data.

During Diversion, the ED held 329 admitted patients waiting for inpatient bed assignment (ICU-17, 4B/5R-128 Med/Surgical-184). During July 2008, the hospital was on Condition Yellow for 21% (131 hours). This is a 16% increase in Condition Yellow hours compared to the previous month.

EMSA suspension hours were not available at the time this report was released.

Psychiatric Emergency Services (PES) Diversion Report – June 2008
PES had 484 patient encounters during June and 504 in July. PES admitted a total of 138 patients to SFGH inpatient psychiatric units in July 2008, which was up from 116 in June 2008. In July, a total of 366 patients were discharged from PES, with 36 to ADUs, 15 to other psychiatric hospitals and 315 to community/home.

In July, PES was on Condition Yellow for a total of 1.7 hours, which was down from 2.65 hours in June. The average length of Condition Yellow decreased in the month of July to 1.70 hours from 2.65 hours in June.

There was a decrease in Condition Red from June to July. PES was on Condition Red for 178.2 hours during 18 episodes in July. The average length of Condition Red was 9.86 hours. In June, PES was on condition Red for 178.4 hours during 16 episodes, averaging 11.15 hours.

The average length of stay in PES for the month of June was 23.99 hours, which was a decrease from 24.07 hours in June.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

New Chief for the SFGH Neurosurgery:
MEC approved the appointment of Dr. Geoffrey Manley as the Chief of the SFGH Neurosurgery Service. Dr. Manley is an Associate Professor in Residence of Neurological Surgery, co-Director an Principal Investigator, Brain and Spinal Injury Center and Chief of Neurotrauma, SFGH. His special interests lie in the repair of injury to the central nervous system. Among Dr. Manley's research interests are investigations of brain oxygenation during hemorrhagic shock, the role of aquaporin wat channels in cerebral water transport, direct measurement of oxygenation and metabolic, cellular, and

molecular responses in clinically relevant animal models of brain injury, and metabolic monitoring of severely injured patients during resuscitation and critical care.

Cancer Awareness, Resources and Education (CARE), Theater Project
This past week the CARE program sponsored a theater performance, The Attitude of Gratitude: Touched by Cancer. The project is an extension of the cancer support group based at SFGH. Many of the players in the show are SFGH patients. The Araceli Theater Project culminates in a multi-lingual performance (English/Spanish/Cantonese) and short documentary film that addresses specific themes related to a cancer diagnosis including: emotional responses to the disease, political views, interpersonal dynamics and interactions with the health care system.

Hospital Rebuild
User group meetings have resumed with participation by SFGH staff in the planning of details in each of the rooms

Action Taken: The Committee approved the selection of Dr. Geoffrey Manley as the Chief of the SFGH Neurosurgery Service.

6) FINANCE REPORT

Valerie Inouye, Chief Financial Officer, presented a finance report that outlined some of the challenges SFGH faces with respect to meeting its salary budget. If the hospital is to continue providing its current level of service, it will never be able to meet its salary budget. If we are mandated to meet it then services will need to be reduced. The Lewin report took away the myth that SFGH is overstaffed. Ms. O'Connell said there would be a finance report every month.

Committee Comments/Follow Up

- Commissioner Chow asked staff to clearly delineate as the months go by the details of the budget challenges and the implications of all the different levels of services that are required.

- Commissioner Illig is going to request a meeting with the Mayor's Office about SFGH's budget.

7) PUBLIC COMMENT

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Kosal Bo, Medical Staff Services,

Sue Carlisle, M.D., Associate Dean, Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, Chief Nursing Officer, Kathy Eng, Director, Health at Home, Sharon Kotabe, Pharm. D., Pharmacy Director, John Luce, M.D., Chief Medical Officer, Anson Moon, Senior Health Program Planner, Iman Nazeeri-Simmons, Associate Hospital Administrator, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Dan Schwager, Director of Medical Staff Services, Barbara Walter, Nursing Administration and Troy Williams, Director, Risk Management.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF JULY 8, 2008

Action Taken: The Committee approved the July 8, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

D) Reconvene in Open Session

The committee reconvened in open session at 4:35 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The Committee adjourned the meeting in memory of Dr. Ellen Wolfe.

The meeting was adjourned at 4:35 p.m.

_____

Michele M. Seaton
Health Commission Executive Secretary

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
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David J. Sanchez, Jr., Ph.D.
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RESCHEDULE NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Tuesday, September 9, 2008 has been rescheduled to Wednesday, September 10, 2008, 3:30 p.m.

A meeting agenda will follow.

For information please call the Commission Office at 554-2666 or visit the website at www.sfdph.org.

09-05-08A11:46 RCVD

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(Posted September 2, 2008)

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CANCELLATION NOTICE

FOR

SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

The San Francisco General Hospital Joint Conference Committee meeting scheduled for Wednesday, September 10, 2008 has been canceled and will not be rescheduled.

For information please call the Commission Office at 554-2666.

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(Posted September 8, 2008)

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AGENDA

158

108

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, October 14, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

10-14-08A11:38 RCVD

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE AUGUST 12, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of August 12, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

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Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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5) **POSSIBLE ACTION:** **FOR DISCUSSION AND** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION AND POSSIBLE ACTION:** **JOINT COMMISSION CORE MEASURES**
(Sue Schwartz, Performance Improvement Manager)
**Report*

7) **PUBLIC COMMENT****

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 12, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer

FOR DISCUSSION: **NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT**
Janet Kosewic, RN, MS

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) **ADJOURNMENT**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away***), #33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Government Conduct Code 2.100) to register and report lobbying activity.
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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, October 14, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig
Commissioner Catherine Waters, RN, PhD

Staff: Sue Carlisle, M.D., Jeff Critchfield, M.D., Sue Currin, Kathy Eng, Delvechhio Finley, Myra Garcia, Valerie Inouye, Kathy Jung, Janet Kosewic, John Luce, M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Marti Paschal, Dan Schwager and Sue Schwartz

2) APPROVAL OF THE MINUTES OF THE AUGUST 12, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the August 12, 2008 San Francisco General Hospital Joint Conference Committee.

Commissioner Illig noted that committee members received a packet for the September 10th meeting, even though that meeting was canceled due to the Joint Commission survey. The packet contained good information via the Executive Administrator's Report and Patient Care Services report. The Committee accepted the reports that were included in the packet.

The Executive Administrator's Report and the Patient Care Services Report will be included as attachments to these minutes.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

Joint Commission Survey
San Francisco General Hospital & Trauma Center experienced its Joint Commission accreditation survey on September 8 -12, 2008. Out of the 450 separate standards that a hospital can be scored against, SFGH only received 9 recommendations for improvement for Acute Care/Ambulatory Care and 5 for Long Term Care. SFGH received preliminary accreditation from the Joint Commission, with final accreditation awarded once improvement plans have been submitted by the end of October. The Joint Commission surveyors (six total) unanimously concluded that SFGH is a very special place where patient safety, culturally competent care and dedication to our mission meld together lifting SFGH to be one of the best public hospitals in the country. Congratulations on a successful Joint Commission survey!

Long Term Care Survey
San Francisco General Hospital & Trauma Center underwent its annual Long Term Care licensing survey on September 8-12, 2008. California Department of Public Health (CDPH) surveyors inspected the Skilled Nursing Facility (SNF) in the Behavioral Health Center as well as the Medical-Surgical SNF in the Main Hospital. The surveyors recommended several areas for improvement, with the final plan of correction due October 9th. The Life Safety Code inspection occurred on September 26th, with no recommendations for improvement. Congratulations on a successful LTC licensing survey!

SFGH Rebuild Update
Design development user groups are continuing to review the space data sheets prepared by various hospital departments. A joint meeting of members of the Arts Commission Civic Design Review and the Planning Commission was held on September 16 to review the exterior building design. A Planning Commission hearing for approval of the Conditional Use Permit that addresses the bulk and parking issues identified in the EIR is scheduled for November 13. Meanwhile, SFGH, DPW, and Webcor are developing site logistics for the rebuild.

American Heart Association Certification
The American Heart Association (AHA) recently completed a comprehensive survey of SFGH's life safety courses and recertified the hospital with "flying colors." Special thanks to Alla Rivas from the Department of Education and Training and John Fazio from Emergency Services for their hard work and effort in ensuring that we maintain our AHA certification.

"The Future of Nursing"
Gene O'Connell was invited to speak at the Alameda County Medical Center - Highland General Hospital's first Nursing Grand Rounds on August 28, 2008. The topic of her presentation was "The Future of Nursing." She emphasized the need for nurses to be leaders in all aspects of healthcare and policy design, citing the patient safety mandates, effects of rapid technological and pharmaceutical advances, and increased use of telemedicine and simulation systems. She also noted the health literacy demands of patients and the limited amount of diversity in the nursing field.

Grants & Acknowledgements
SFGH's Perioperative Efficiency Project was selected by the California HealthCare Foundation's *Improving Safety-Net Hospital Efficiency* initiative conducted through collaboration between CHCF and the University of Southern California, School of Engineering. The Perioperative Efficiency Project will provide SFGH with USC faculty and management engineering students focused on improving Operating Room efficiency by targeting turnover time between surgical cases. The strategies and information gained from this project will be shared internally as well as serve as resource information and research data for other safety-net and trauma facilities.

The University of California at Davis Human Lactation Center and the California WIC Association recently issued its ranking of breastfeeding rates in California hospitals. The study highlighted SFGH's exclusive breastfeeding rate of 88.9% and Baby-Friendly Hospital certification, noting that "San Francisco General is proof that policies matter when it comes to breastfeeding support."

The Bay Area Air Quality Management District selected the SFGH Bicycle Lockers Project for a $10,800 grant award as part of BAAQMD's Bicycle Facility Project. The grant will be used for the purchase of 12 new lockers to store an additional 24 bikes.

Patient Flow Report for September 2008

The Patient Flow Report was discussed.

Quality Council Minutes
Attached please find the Quality Council minutes for August 2008.

Committee Comments

- The committee talked about the future plans for other buildings on the campus, including retrofitting Building 40 and building a new research building where Building 100 is currently located.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N. MS, Chief Nursing Officer, presented the Patient Care Services Report.

September 2008 2320 RN VACANCY RATE
Overall 2320 RN vacancy rate for areas reported is 4.97%

SFGH RATIO STAFFING DATA: By Number of Shifts – 09/01/08 to 09/30/08
SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were eight shifts when the area was unable to cover breaks.

RN Recruitment, Training, Retention and Professional Development
RN Internship Program/New Graduate Training: Class scheduled on November 5 for 16 new graduates in medical-surgical units. Class will focus on RN role and clinical decision making, communication and organizational support during the transition to independence in the RN role. Classes will be held monthly through March 2009.

Recruitment: November training programs are scheduled for 4 new hires in critical care and 15 in medical-surgical nursing. The medical-surgical training program is being planned and adapted for surgical units 6A and 4D, (the units staff are being hired to).

Retention/Professional Development: The RN Mentor Program which was a component of the Internship Program is being updated. Two Staff RNs, Rachel Garvin 4D and Franco Herrera 4B are working with Leslie Holpit to create and pilot an on-unit support component for new nurses. 4B and 4D will have a "new nurse ambassador" available, in addition to the assigned preceptor, to function as a resource for systems and role related questions. An on-line matching component for the mentoring program is also being planned. New SFGH RNs will be able to choose an SFGH RN mentor on-line. The mentor would serve as a coach for career development.

Integrated Nurse Leadership Program (INLP) – Sepsis Care
SFGH has been accepted to participate in the INLP -Sepsis Care project which utilizes the IHI Surviving Sepsis Campaign Model. The kick-off meetings will be held on October 13 and November 16 at Laurel Heights. SFGH will be represented at the kick-off meetings by staff from medical records, nursing administration and ED medical staff. This project supports our patient safety goals through collaborative team approach for early identification and treatment of sepsis with reduction in the incidence of mortalities and morbidities.

PES Diversion Report- September 2008
PES had 487 patient encounters during August and 480 in September. PES admitted a total of 131 patients to SFGH inpatient psychiatric units in September 2008, which was down from 137 in August 2008. In September, a total of 349 patients were discharged from PES, with 24 to ADUs, 25 to other psychiatric hospitals and 300 to community/home.
In September, PES was on Condition Yellow for a total of 11.05 hours, which was up from 0 hours in August. The average length of Condition Yellow increased in the month of September to 11.05 hours from 0.0 hours in July.
There was an increase in Condition Red from August to September. PES was on Condition Red for 175.7 hours during 18 episodes in September. The average length of Condition Red was 9.71 hours. In August, PES was on condition Red for 126.1 hours, during 19 episodes, averaging 6.61 hours.

The average length of stay in PES for the month of September was 25.16 hours, which was an increase from 24.03 hours in August.

Emergency Department Diversion- September 2008
The Emergency Department had a Diversion rate total of 20% (146 hours) for the month of September 2008. The ED had 3,437 patient encounters for the month of September.

During Diversion the ED held 314 admitted patients waiting for inpatient bed assignment (ICU-21, 4B/5D-155 Med/Surgical-138). During September 2008, the hospital was on Condition Yellow for 15% (111 hours).

The Emergency Department had a Diversion rate total of 20% (146 hours) for the month of September 2008. The ED had 3,437 patient encounters for the month of September.

During Diversion the ED held 314 admitted patients waiting for inpatient bed assignment (ICU-21, 4B/5D-155 Med/Surgical-138). During September 2008, the hospital was on Condition Yellow for 15% (111 hours).

Committee Comments

- Commissioner Chow asked if staff is concerned about the number of nursing vacancies. Ms. Currin said there are three applicants for every RN position so they are in good shape in terms of filling vacancies.

- Commissioner Illig asked if patients are referred from PES directly to IMDs. Ms. Currin said this occasionally happens. Liz Gray's group reviews patients and would transfer to an IMD when appropriate. Ms. O'Connell clarified that the actual placement is not done by SFGH, but by CBHS and Long Term Care. They all work together around priorities.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Hospital Rebuild
User group meetings are nearing final planning stages of details in each of the rooms.

The UCSF Academic Senate in a vote that closed on September 10, 2008, has voted to publicly endorse the San Francisco Hospital rebuild bond measure that will appear on the November 4, 2008 San Francisco ballot.

CT Scanner Trailer
MEC was informed that the CT Scanner trailer in the parking lot has been approved for use. The scanner will initially be used to reduce the backlog of outpatients. Drills and training will be undertaken for potential transport of stable inpatients to the trailer. Dr. Mark Wilson, Chief, SFGH Radiology Service reported that the construction of the first in-house scanner is planned in October, and several contractors have submitted bids.

Joint Commission National Patient Safety Goals
The MEC staff discussed the results of the JC accreditation survey. To continue the positive momentum from the successful survey the MEC had a dialogue about taking further steps to ensure compliance with the Joint Commission National Patient Safety Goals. The following specific steps were identified:

(1) an embrace by the Service Chief that safety and regulatory compliance ranks with clinical care, teaching, and research as an academic mission
(2) more formally emphasize the importance of safety and regulatory compliance to trainees
(3) develop and implement departmental specific plans for improving safety and enhance regulatory compliance
(4) continue effort to develop and implement a cross discipline approach to ensuring quality, safety, and regulatory compliance in specific department areas.

MEC members acknowledged that compliance with NPSG is the right thing to do for patients, and the right thing to do for medical trainees who will be practicing in environments with these same expectations. Dr. Critchfield thanked members not only for their support and participation at the recent survey, but more for their commitment to continue work on improving patient safety.

6) JOINT COMMISSION CORE MEASURES

Sue Schwartz, Performance Improvement Manager, presented an overview of the Joint Commission Core Measures. The September 2008 summary report is attached.

Committee Comments

- Commissioner Illig asked if a summary of the National Patient Safety Goals could be included in the minutes. Sue Schwartz said that compliance on National Patient Safety Goals is not publicly reported. Commissioner Illig said it makes sense then to keep this report in closed session. He asked that the Core Measures Report be included in the minutes.

7) PUBLIC COMMENT

None.

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 4:10 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Sue Carlisle, M.D., Associate Dean, Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, Chief Nursing Officer, Kathy Eng, Director, Health at Home, Myra Garcia, Medical Staff Services, Kathy Jung, Associate Administrator, Janet Kosewic, Quality Improvement Coordinator, John Luce, M.D., Chief Medical Officer, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Performance Improvement Manager and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF AUGUST 12, 2008

Action Taken: The Committee approved the August 12, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

FOR DISCUSSION: CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT
John Luce, M.D., Chief Medical Officer

FOR DISCUSSION: NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT
Janet Kosewic, RN, MS

D) Reconvene in Open Session

The committee reconvened in open session at 4:55 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

_____
Michele M. Seaton
Health Commission Executive Secretary

Attachments: (3)

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

TEL (415) 554-2666
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Web Site: http://www.sfdph.org

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

GOVERNMENT DOCUMENTS DEPT
MAR 22 2011
SAN FRANCISCO PUBLIC LIBRARY

Monday, November 10, 2008*
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

***PLEASE NOTE THAT THIS MEETING WAS RESCHEDULED FROM TUESDAY, NOVEMBER 11TH**

Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE OCTOBER 14, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of October 14, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION AND POSSIBLE ACTION:** **REVIEW AND APPROVAL OF AMENDMENTS TO SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER GOVERNING BODY BYLAWS**
(Kathy Murphy, Deputy City Attorney)
**Governing Body Bylaws*

7) **FOR DISCUSSION:** **DPH FY2008-2009 PROJECTED SHORTFALL**
(Valerie Inouye, Chief Financial Officer)
**Report*

8) **FOR DISCUSSION:** **REVIEW OF THE AFFILIATION AGREEMENT**
(Gene O'Connell, SFGH CEO, and Sue Carlisle, M.D., UCSF Associate Dean)
**Affiliation Agreement*

9) **PUBLIC COMMENT****

10) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 14, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety

FOR DISCUSSION: **REVIEW OF JOINT COMMISSION SURVEY FINDINGS**
Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Haight Ashbury***, and ***#48 Quintara***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site:

www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

James M. Illig
President

Sonia E. Melara, MSW
Vice President

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Monday, November 10, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

GOVERNMENT DOCUMENTS DEPT
MAR 22 2011
SAN FRANCISCO PUBLIC LIBRARY

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:15 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig
Commissioner Catherine Waters, RN, PhD

Staff: Sue Carlisle, M.D., Jeff Critchfield, M.D., Sue Currin, Kathy Eng, Myra Garcia, Valerie Inouye, Sharon Kotabe, John Luce, M.D., Anson Moon, Kathy Murphy, Iman Nazeeri-Simmons, Gene O'Connell, Marti Paschal, Cathryn Thurow and Troy Williams.

2) APPROVAL OF THE MINUTES OF THE OCTOBER 14, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the October 14, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Hospital Administrator, presented her report.

Proposition A
Proposition A, the $887.4 million general obligation bond measure to build a seismically safe SFGH, passed with 84% of the electorate in support of the measure!

SFGH Rebuild Update
A Planning Commission hearing for approval of the Conditional Use Permit that addresses the bulk and parking issues identified in the EIR is scheduled for November 20. At the meeting, the Zoning Administrator will also address excess height issues. Meanwhile, SFGH, DPW, and Webcor are continuing to develop site logistics for the rebuild. The Building 90 trailers will be dismantled the week of November 10 for relocation to the Southeast Health Center. Grading of the vacated area to expand parking will begin the week of November 17 ; this is to offset parking spaces that will be lost once the initial phases of utilities relocation begins.

Flu Vaccine Campaign
SFGH's flu vaccine campaign is underway. To get a jump on the influenza season, a roving flu cart visited units in late October and our stationary clinics began on November 3. Information packets with clinic schedules, a "Myths and Facts" sheet, talking points and general educational information have been distributed to managers. This year, everyone who works on the SFGH campus is strongly advised to receive the flu vaccine, except for those with a documented allergy. Employees who choose not to have the vaccine must take a HealthStream tutorial and quiz to ensure that an informed decision is made.

Grants & Acknowledgements
On November 4, CAPH and SNI announced that San Francisco General Hospital's "Baby Friendly Hospital Initiative" won an Honorable Mention award for this year's Quality Leadership Awards.

Patient Flow Report
The Committee discussed the Patient Flow Report (Attachments A and B) for November 2008, which was provided at the meeting.

Quality Council Minutes
The Committee reviewed the Quality Council minutes for September 2008.

Comments/Follow Up

- The December JCC agenda will include reports from Liz Gray on Long Term Care and Dr. Michael Drennan on Community Oriented Primary Care.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N. MS, Chief Nursing Officer, presented the Patient Care Services Report.

October 2008 2320 RN Vacancy Rate
Overall 2320 RN vacancy rate for areas reported is 6.28%

SFGH Ratio Staffing Data By Number of Shifts – 10/01/08 to 10/31/08
SFGH was able to meet staffing ratios in all areas except in Psychiatry where there was one shift when the area was unable to cover breaks.

Organizational Coordination for RN Training Programs
Leslie Holpit RN, MSN, who has had responsibility for preceptor training, the new graduate transition program and professional nurse role development, will assume responsibility for the professional nurse training programs in all nursing specialty areas.

The clinical educators and clinical nurse specialists (CNS) who currently have responsibility for the training programs will be accountable to Leslie for this piece of their role. The educators and CNSs will maintain their current reporting structure.

Through this new accountability, nursing-wide objectives related to professional role development and assessment of clinical competency for new professional nurses will be enhanced. This will further the collaboration between specialty areas and advance the standards for nursing competency.

RN Internship Program/New graduate Training: Sixteen medical-surgical RNs hired in the summer of 2008 are participating in a new graduate transition program meeting monthly and focusing on professional nurse role development. Currently, there is a work group revising the medical-surgical training program to strengthen the role of the unit preceptor and upgrade all training program related documentation.

Recruitment: A total of 30 LHH CNAs being displaced from their current positions have been reassigned to SFGH in the medical-surgical, psychiatric and critical care areas. Fifteen CNAs transitioned on October 27 and have begun training for their positions. The second group will begin on November 4.

Retention/Professional Development: SFGH is participating in the development of a grant proposal with academic partners SFSU, City College of San Francisco and College of San Mateo involving a demonstration model for collaborative education between baccalaureate and ADN pre-licensure nursing programs. This model, if funded, will provide a seamless transition from the ADN to BSN level of education and provides an exciting, progressive opportunity for SFGH RNs with associate degrees to advance their formal nursing education. The project is in response to the *Nursing Education Redesign White Paper* published in 2007 by the California Institute for Nursing and Healthcare.

Journey to Nursing Excellence
Nursing Services has launched our journey towards nursing excellence- using Magnet designation as the pathway to achieve shared governance, evidence based practice, improved patient outcomes and patient safety. Magnet Recognition is a prestigious international accreditation bestowed to healthcare facilities in recognition of excellence in patient care.

The Magnet Steering Committee, coordinated by Gillian Otway RN MSN, will select a consultant for the February 2009 gap analysis. The committee is reviewing Magnet standards, the application process as well as developing strategies for involvement of frontline staff and engagement of hospital wide participation and support.

On November 5, the journey to nursing excellence was introduced to the Nursing Executive Committee with an overview of what Magnet designation means and the goals of designation. On

December 17, the journey will be formally introduced to nursing staff, nurse educators, clinical nurse specialists and managers. The launch will involve a day long program focused on nursing practice and the enhancement of a shared governance structure to promote collaborative decision making in the promotion of excellence in nursing practice.

SFGH Transforming Care at the Bedside (TCAB)

TCAB committee is a national partnership between the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI). The partnership provides a *framework for change* that engages nursing frontline staff to improve the quality and safety of patient care on medical and surgical units. This framework or model of care is based on improvements in four main categories: safe and reliable care; vitality and teamwork; patient-centered care and value-added care processes.

The Robert Wood Johnson Foundation awarded SFGH scholarships to participate in the Institute for Healthcare Improvement (IHI) "Transforming Care at the Bedside" (TCAB) initiative. Approximately 40 hospital teams are enrolled in the TCAB Community in the IHI IMPACT Network with SFGH one of the few public hospitals enrolled.

On October 21, 2008, a multidisciplinary team from SFGH attended the first Transforming Care at the Bedside Conference (TCAB) and Community meeting in New Orleans. The TCAB Program was a 4-day workshop introducing high-leverage changes in each content area. A medical surgical multidisciplinary team was formed to participate in the model for change and attend the conference. The conference was attended by:

- Franco Herrera RN (TCAB Coordinator)
- Ana Sampera, RN, MS, CNS (Nursing Director Med/Surg)
- Arnold Dignadice, RN (Nurse Manager 5A -Pilot Unit)
- Brian Levardo, RN (Charge Nurse 5A)
- Lenie Devera, RN (Staff Nurse 5A)
- William Huen, MD (Hospitalist)
- Richard Brooks, MD (Hospitalist)

As a part of the TCAB community, the SFGH team seeks to increase the time a nurse is providing direct patient care at the bedside by 50% by June 2009. There is a large body of research showing improved patient outcomes (e.g. decrease LOS, reduction of pressure ulcers and falls incident rates) and fewer clinical complications (e.g. urinary tract infections, post-operative infection, and pneumonia) when nurses spend more time in direct care. The team will implement process improvements by streamlining communication pathways, eliminating redundant documentation and increasing proximity/availability of supplies and equipment where feasible. The TCAB team will spread this innovative framework for change onto other medical/surgical units upon successful completion of the 5A pilot project.

Palliative Care Consultation Service Funding

SFGH was recently awarded a $250,000 grant from California HealthCare Foundation to implement an inpatient Palliative Care Consultation Service for a period of two years. Piera Wong, RN, CNS, MSN and Dr. Edgar Pierluissi, MD, with input from the Palliative Care Committee, submitted a grant proposal to support improving the quality of life for patients at SFGH with chronic and life-limiting illness, including those near the end of life. The team anticipates implementation of consultation services at the beginning of 2009.

PES -OCTOBER 2008

PES had 480 patient encounters during September and 478 in October. PES admitted a total of 139 patients to SFGH inpatient psychiatric units in October 2008, which was up from 131 in September 2008. In October, a total of 339 patients were discharged from PES, with 34 to ADUs, 33 to other psychiatric hospitals and 272 to community/home.

In October, PES was on Condition Yellow for a total of 8.17 hours, which was down from 11.05 hours September. The average length of Condition Yellow decreased in the month of October to 8.17 hours from 11.05 hours in September

There was a decrease in Condition Red from September to October. PES was on Condition Red for 113.63 hours during 11 episodes in October. The average length of Condition Red was 10.33 hours. In September, PES was on condition Red for 175.7 hours, during 18 episodes, averaging 9.71 hours. The average length of stay in PES for the month of October was 22.45 hours, which was a decrease from 25.16 hours in September.

ED Diversion Report - October 2008
The Emergency Department had a Diversion rate total of 25% (187 hours) for the month of October 2008. The ED had 4,011 patient encounters for the month of October.

During Diversion the ED held 362 admitted patients waiting for inpatient bed assignment (ICU-19, 4B/5D-174 Med/Surgical-169). During October 2008, the hospital was on Condition Yellow for 26% (195 hours).

Electronic Medication Administration Record (MAK)
The electronic medication administration record (MAK) went live on the pilot unit, 5C, September 30, 2008. The application provides many medication safety precautions and is a collaborative effort between Information Systems, Pharmacy and Nursing. The pilot is well received by nursing staff and facilitated identification of several system improvements. Reports generated from the application demonstrate a charting compliance of 99-100% for approximately 650 medications per day.

Roll out of MAK to Medical Surgical Units and Psychiatry will begin in June 2009, following an application upgrade and hardware upgrades.

Comments/Follow Up

- Ms. O'Connell said Sue Currin has changed the face of nursing at San Francisco General Hospital due to her success in getting outside funding.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Proposition A
Dr. Critchfield thanked MEC members for their tremendous support to the PROP A campaign efforts and their ongoing commitment to SFGH.

Appointment of SFGH Psychiatry Service Chief
MEC unanimously approved the appointment of James Dilley, MD as the new Service Chief of Psychiatry. Dr. Dilley is the Interim Chief of SFGH Psychiatry, and the Director of the UCSF Aids Health Project, the largest HIV and mental health services organization in San Francisco.

Tom Bodenheimer, MD, Adjunct Professor in Family and Community Medicine, was elected into the Institute of Medicine, an honorific membership organization and a policy research organization. The purpose of the Institute is to provide national advise on issues relating to biomedical science, medicine, and health. Election to active membership is based on professional achievement and commitment to service. Dr. Bodenheimer's areas of interest are in chronic illness care, patient-clinician interaction, and Primary Care re-design. MEC acknowledged Dr. Bodenheimer's exceptional work in primary care, and his national role in the development of best clinical practice in primary care across the country.

Dr. Ed Chow , St. Louis University School of Medicine Alumni Merit Award
The Alumni Merit Award recognizes graduates who exemplify the University's Jesuit ideals of leadership and services to others. Thus, Dr. Chow is honored with this award for being an advocate for the health and well being for the underserved communities in the San Francisco Bay Area.

Medical Students/Residents Well Being
An article entitled "Medical Student Burnout and the Challenge to Patient Care" published in the NYTimes.com was discussed at MEC. The article noted studies indicating the high levels of distress in medical students and the need to identify causes and ways to facilitate student well being. MEC recognized the issue of medical student and housestaff burnout, and recommended that the Dean's Office look into available resources to develop a program to reduce stress and burnout, and sustain student/housestaff well being.

Bylaws Revisions
MEC unanimously approved the proposed revisions to the Bylaws presented by the Bylaws Committee, pending further language changes/corrections. The final draft of revisions shall be mailed to each eligible voter of the SFGH Medical Staff. The affirmative vote of 2/3 of the votes cast by Active members is required. Following approval, the revisions will be presented for approval to the JCC, and thereafter to the Health Commission.

Action Taken: The Committee approved the appointment of James Dilley, MD as the new Service Chief of Psychiatry.

6) REVIEW AND APPROVAL OF AMENDMENTS TO SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER GOVERNING BODY BYLAWS

Kathy Murphy, Deputy City Attorney, presented amendments to the governing body bylaws. The bylaws set forth the responsibilities of the governing body, the roles and responsibilities of the executive administrator and the leadership standards, among other provisions. These amendments will be presented to the Health Commission for review and approval on December 2, 2008.

Comments/Follow Up
- Commissioner Illig asked about the provision that the governing body cannot unilaterally amend medical staff bylaws. Commissioner Chow said CMA is strongly supportive of such language and he personally thinks that it is a reassertion of the need for the governing body and medical staff to work together.

- Commissioner Illig asked that the Commission received the Foundation's annual report and audited financial statements.

Action Taken: The Committee recommended the governing body bylaws to the full Health Commission.

7) DPH FY2008-2009 PROJECTED SHORTFALL

Valerie Inouye, Chief Financial Officer, reviewed the financial estimates for the current fiscal year. The Health Department is facing a $25 million shortfall in the current year due to state budget cuts, revenue shortfalls due to a rapidly reduced census at Laguna Honda and other factors. DPH has submitted a plan to the Mayor's Office outlining how the Department will address the shortfall, including additional revenues and holding 75 percent of positions vacant. This is a very aggressive plan. The Mayor's Office has directed DPH to incorporate the spending plan into its first quarter financials.

Comments/Follow Up

- Commissioner Illig said that DPH got by far the largest percentage of cuts in the last budget rounds. He urged hospital administration and medical staff to meet with the newly elected supervisors and give them a tour of the hospital.

8) REVIEW OF THE AFFILIATION AGREEMENT

Gene O'Connell, SFGH CEO, and Sue Carlisle, M.D., UCSF Associate Dean provided a detailed overview of the affiliation agreement. San Francisco has a very unique agreement. It is a true partnership. Neither entity could do the work without the other. Dr. Carlisle said that a 2002 study showed that SFGH was receiving $3 million more in services from UC than it was paying for. In 2008 the Health Department paid $86.34 million through the affiliation agreement. One half of the budget is for staff rather than faculty. The majority of the funding is for the clinical laboratories.

Comments/Follow Up

- Commissioner Illig asked why there are so many non-physician staff in the agreement. Ms. O'Connell and Dr. Carlisle said the agreement used to be only for specific physician services. As the years passed more services were added to the agreement based on need. Ms. O'Connell said SFGH is lucky that the university has been there to provide the services. Dr. Carlisle said she offered the non-physician employees back to the city a few years ago and the city turned her down. Commissioner Illig said it is important as we are approaching budget cuts that we understand what we are getting and what we are paying for.

- The Committee commended staff for the thorough and easy to read overview of the affiliation agreement and asked that it be distributed to all other Commissioners. Cathryn Thurow will see to this. Commissioner Illig asked that a summary of the 2002 ECG report be included as well.

9) PUBLIC COMMENT

None.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 5:25 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Sue Carlisle, M.D., Associate Dean, Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, Chief Nursing Officer, Myra Garcia, Medical Staff Services, Sharon Kotabe, Pharmacy Director, John Luce, M.D., Chief Medical Officer, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Iman Nazeeri-Simmons, Associate Administrator, Quality and Patient Safety, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Troy Williams, Director, Risk Management and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF OCTOBER 14, 2008

Action Taken: The Committee approved the October 14, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT

REVIEW OF JOINT COMMISSION SURVEY FINDINGS

D) Reconvene in Open Session

The committee reconvened in open session at 5:35 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Seaton

Michele M. Seaton
Health Commission Executive Secretary

Patient Flow Report for October 2008

Attached (Attachment B) please find a series of charts depicting changes in the average daily census.

Medical/Surgical

Average Daily Census was 230.7, which is 9% over budgeted beds and 95% of physical capacity of the hospital. 13% of the Medical/Surgical days were lower level of care and 3% were decertified/non-reimbursed days.

Acute Psychiatry

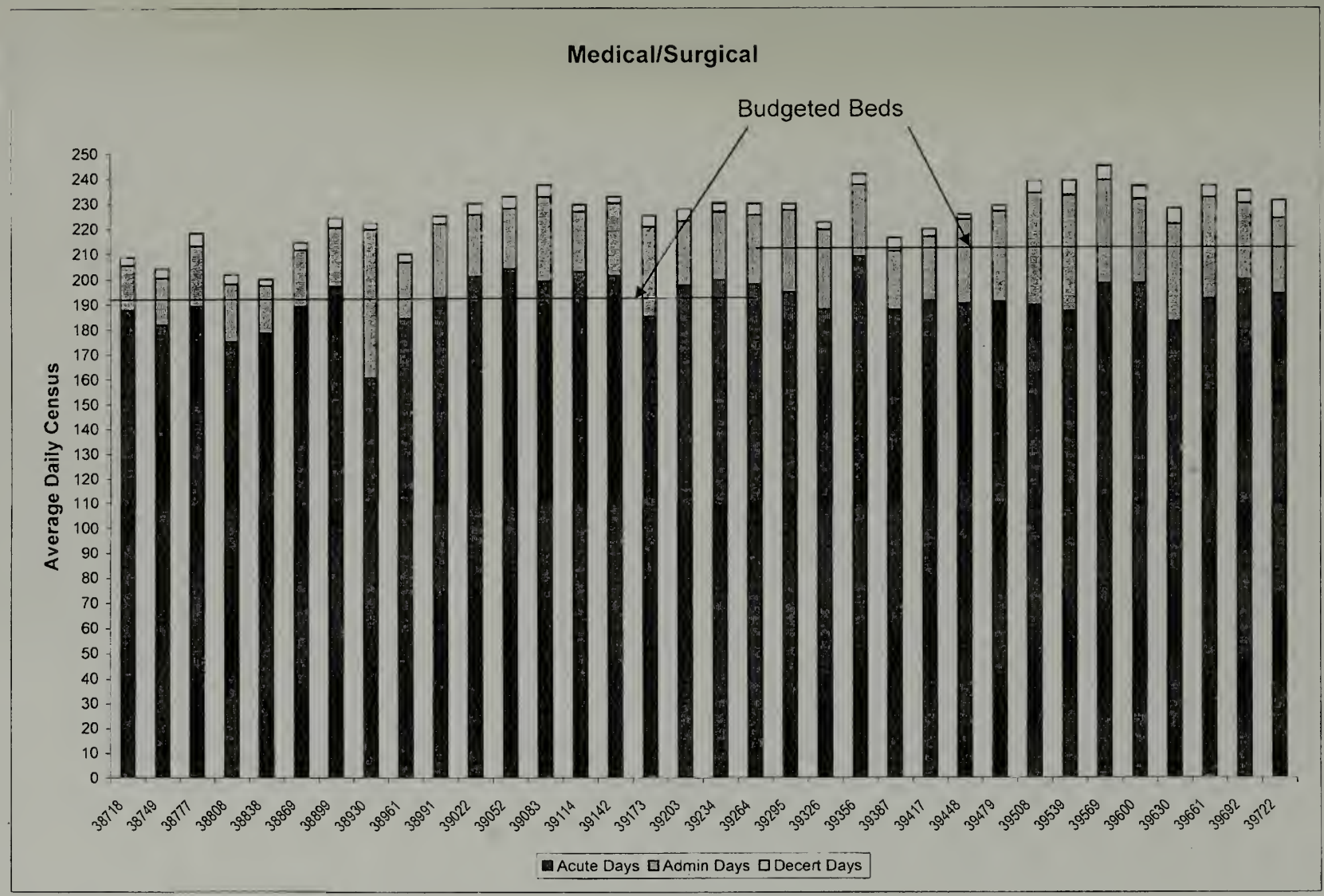
ADC for Psychiatry beds, **excluding 7L,** was 58.5, which is 93% of budget and 91% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.2, which is 75% of budget and 44% of physical capacity. Latest Utilization Review data from the Mental Health billing system, month of September, shows 71% non-acute days (20% lower level of care and 51% non-reimbursed). This data is based on discharges, do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit

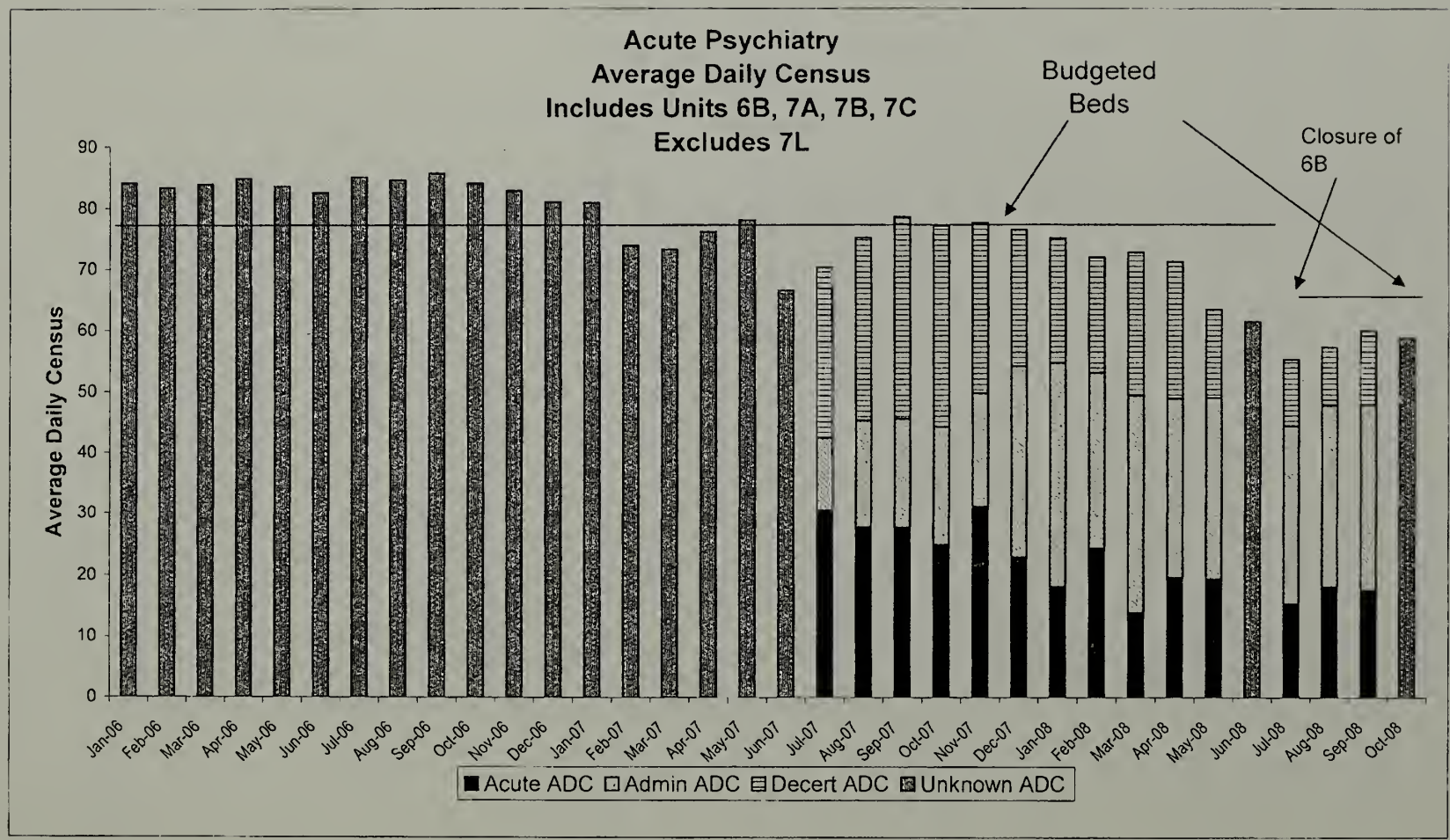
ADC for our skilled nursing unit was 29.5, which is 5% over our budgeted beds and 98% of physical capacity.

San Francisco Behavior Health Center

ADC for the San Francisco Behavior Health Center was 101.9, which is 4% below both our budgeted beds and our physical capacity.



SFGH JCC Minutes, Attachment B


Acute Psychiatry
Average Daily Census
Includes Units 6B, 7A, 7B, 7C
Excludes 7L
Budgeted Beds
Closure of 6B
Average Daily Census
90
80
70
60
50
40
30
20
10
0
Jan-06
Feb-06
Mar-06
Apr-06
May-06
Jun-06
Jul-06
Aug-06
Sep-06
Oct-06
Nov-06
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Jan-08
Feb-08
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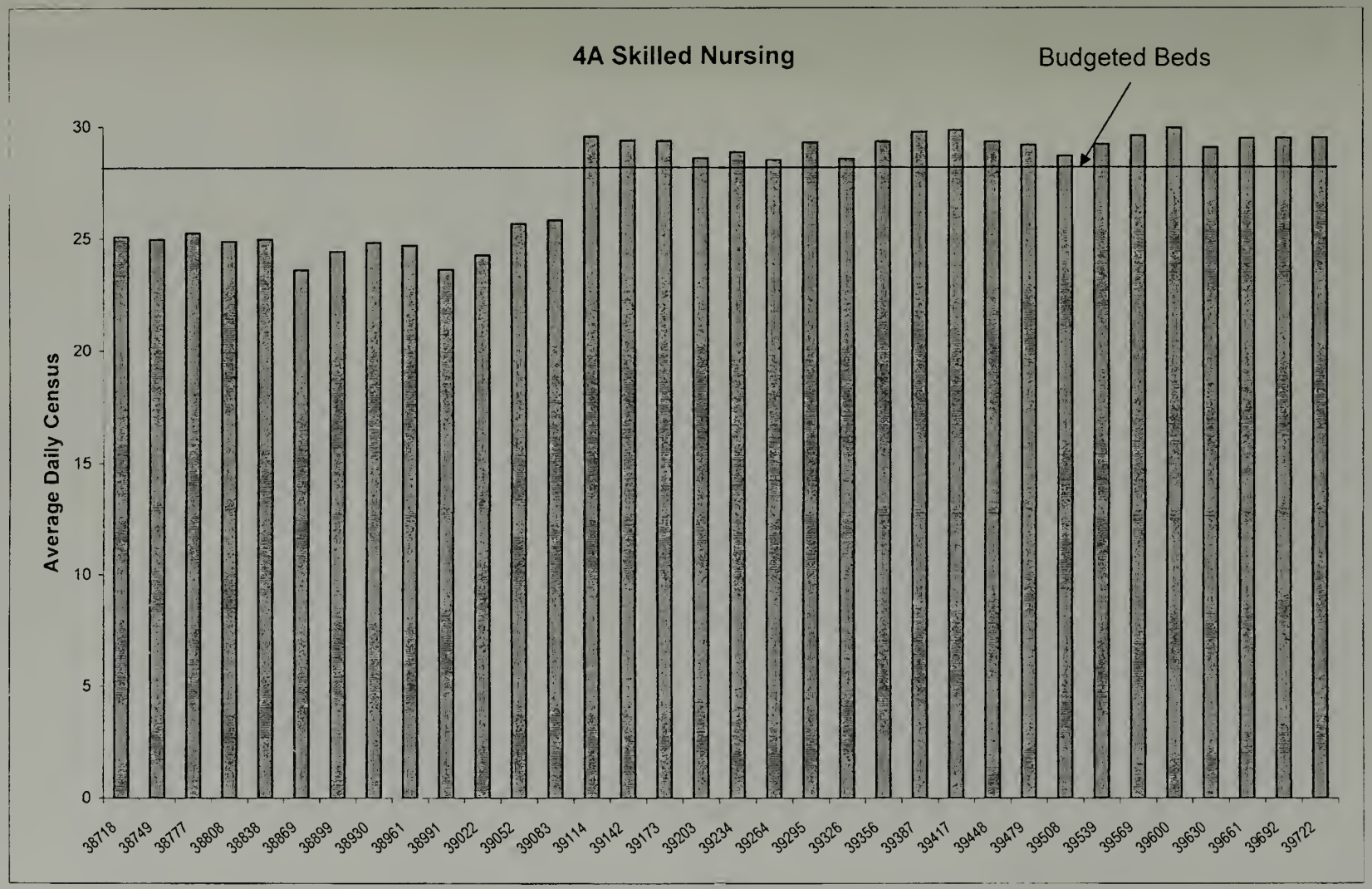
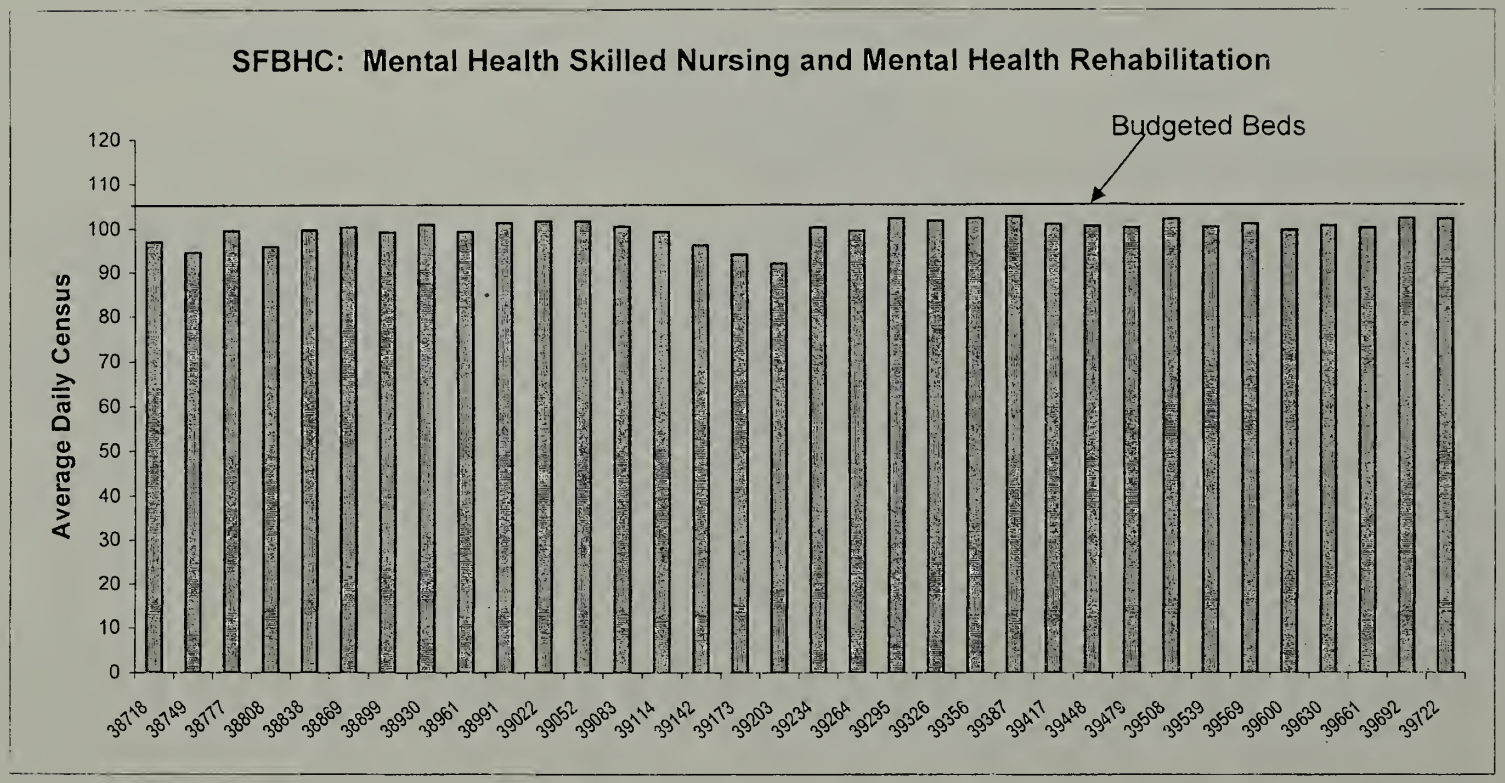
Aug-08
Sep-08
Oct-08
Acute ADC
Admin ADC
Decert ADC
Unknown ADC



SFGH JCC Minutes, Attachment B


SFBHC: Mental Health Skilled Nursing and Mental Health Rehabilitation
Budgeted Beds
Average Daily Census
120
110
100
90
80
70
60
50
40
30
20
10
0
38718
38749
38777
38808
38838
38869
38899
38930
38961
38991
39022
39052
39083
39114
39142
39173
39203
39234
39264
39295
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39661
39692
39722

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

TEL (415) 554-2666
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Web Site: http://www.sfdph.org

AGENDA

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, December 9, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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Commissioner Edward A. Chow, M.D., Chair
Commissioner Catherine M. Waters, RN, Ph.D.
Commissioner James M. Illig

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE NOVEMBER 10, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING**
**Minutes of the meeting of November 10, 2008*

3) **FOR DISCUSSION:** **HOSPITAL ADMINISTRATOR'S REPORT**
(Activities and operations of SFGH)
(Gene O'Connell, SFGH Chief Executive Officer)
**Report*

4) **FOR DISCUSSION:** **PATIENT CARE SERVICES REPORT**
(Sharon McCole Wicher, R.N., Nursing Director – Behavioral Health Services for Sue Currin, R.N., M.S., Chief Nursing Officer)
**Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **MEDICAL STAFF REPORT**
(Jeff Critchfield, M.D., Chief of Staff)
**Report*

6) **FOR DISCUSSION AND POSSIBLE ACTION:** **PATIENT PLACEMENT REPORT**
(Sharon McCole Wicher, Nursing Director – Behavioral Health Services)
**Update*

7) **FOR DISCUSSION AND POSSIBLE ACTION:** **COMMUNITY ORIENTED PRIMARY CARE UPDATE**
(Michael Drennan, M.D., Director, COPC)
**Update*

8) **FOR DISCUSSION AND POSSIBLE ACTION:** **CHART PATIENT EXPERIENCE**
(Sue Schwartz, Performance Improvement Manager, Quality Management)
**Update*

9) **PUBLIC COMMENT****

10) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR ACTION: **APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 10, 2008**

FOR ACTION: **CONSIDERATION OF CREDENTIALING MATTERS**
Jeff Critchfield, M.D., Chief of Staff

FOR DISCUSSION: **CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT**
John Luce, M.D., Chief Medical Officer

FOR DISCUSSION: **NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT**
Janet Kosewic, RN, MS, NPSG Coordinator

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

11) ADJOURNMENT

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666, or at the Joint Conference Committee meeting. If any materials related to an item on this agenda have been distributed to the San Francisco General Hospital Joint Conference Committee after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.**

** **Opportunity for members of the public to address the Joint Conference Committee on items of interest to the public that is within the subject matter jurisdiction of the Joint Conference Committee. Additionally, public comments will be taken for each agenda item.**

Disability Access

Conference Room 2A6 is wheelchair accessible. It is located on the second floor of the Main Building. Public parking is available on 23rd Street, from where you enter the Main Building. Take an elevator to the second floor and look for Room 2A6. Parking is also available at 22nd Street and Potrero Avenue.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call Interpreter Services at 206-5133 at least 5 business days in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least 72 hours prior to the meeting/event. Late requests will be honored if possible. To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Public Transportation

The hospital is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** (stops 2 blocks away), ***#33 Stanyan***, and ***#48 Quintara-24th St***. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD).

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.
For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the

people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

James M. Illig
President

Sonia E. Melara, MSW
Vice President

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Commissioner

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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Tuesday, December 9, 2008
3:00 p.m.
1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110

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1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:05 p.m.

Present: Commissioner Edward Chow, MD, Chair
Commissioner James Illig, Member
Commissioner Catherine Waters, RN, PhD, Member

Staff: Jeff Critchfield, M.D., Jim Dilley, M.D., Michael Drennan, M.D., Delvecchio Finley, Myra Garcia, Lisa Johnson, M.D., Janet Kosevic, Sharon Kotabe, Pharm. D., Mark Leary, M.D., John Luce, M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Marti Paschal, Roland Pickens, Dan Schwager, Sue Schwartz, Sharon McCole Wicher.

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 10, 2008 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 10, 2008 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, Chief Executive Officer, presented her report.

Town Hall: Budget Update
A town hall brown bag has been scheduled for Tuesday, December 9 to provide staff with an update on the current fiscal year budget. Details will be provided at today's meeting.

Chief Operating Officer Appointment
Sue Currin, RN, MSN, has been appointed as the Chief Operating Officer of San Francisco General Hospital. Ms. Currin has significant experience overseeing all aspects of patient care services, including quality, risk and medical staff affairs programs. Over the past four years, she has received $6.2 million in grants to fund a Nursing Internship Program for new graduates, the Medication Error Reduction Project, Patient Safety Initiatives, and a Transitional Care Program and her leadership has been recognized by the Municipal Fiscal Advisory Committee and the Association of California Nurse Leaders. During the many opportunities and challenges that lie ahead, SFGH is fortunate to have Ms. Currin as its Chief Operating Officer.

SFGH Rebuild Update
Exploratory work to locate underground utilities began the week of December 1. This works requires potholing and trenching in various areas of the campus and will occur over the next several weeks. Courtesy notices have been distributed throughout the neighborhood with a Rebuild Construction Hotline (206-4500) for the reporting of safety concerns. Site logistics, mobilization and preparations are scheduled to continue until May 2009. Phase 2 of the Civic Design Review will take place in January 2009.

World AIDS Day
SFGH observed World AIDS Day on Monday, December 1 with a 25 year commemoration of Ward 86, the HIV/AIDS Clinic of SFGH. Speakers at the community event included Dr. Mitch Katz, Gene O'Connell, and Dr. Diane Havlir, Chair of the SFGH HIV/AIDS Division. The commemoration included a provider and patient forum with segments on current topics including new testing technology, drug resistance, and pursuing a cure.

Patient Flow Report for November 2008
Medical/Surgical
Average Daily Census was 229.4, which is 9% over budgeted beds and 94% of physical capacity of the hospital. 8% of the Medical/Surgical days were lower level of care and 2% were decertified/non-reimbursed days.

Acute Psychiatry
ADC for Psychiatry beds, excluding 7L, was 56.7, which is 90% of budget and 89% of physical capacity (7A, 7B, 7C). ADC for 7L was 5.1, which is 2% over budget (n=5) and 43% of physical capacity (n=12). Latest Utilization Review data from the Mental Health billing system, month of September, shows 70% non-acute days (16% lower level of care and 54% non-reimbursed). This data is based on discharges, do not include our 7L Forensic patients or days where the patients have not been discharged.

4A Skilled Nursing Unit
ADC for our skilled nursing unit was 29.2, which is 4% over our budgeted beds and 97% of physical capacity.

San Francisco Behavior Health Center
ADC for the San Francisco Behavior Health Center was 101.3, which is 3% below both our budgeted beds and our physical capacity.

Quality Council Minutes
The Quality Council minutes for October 2008 were attached to the report.

Commissioners' Comments/Follow-Up Action

- Commissioner Chow requested an itemized list of the proposed midyear budget cuts, including the $1.3 million cut in the Affiliation Agreement, and the effects of those cuts on SFGH programs. Commissioner Illig requested a summary of the ECG report.

4) PATIENT CARE SERVICES REPORT

Sharon McCole Wicher, R.N., Nursing Director – Behavioral Health Services, presented the Patient Care Services Report.

November 2008 2320 RN Vacancy Report
Overall 2320 RN vacancy rate for areas reported is 4.44 %

SFGH Ratio Staffing Data, By Number of Shifts – 11/01/08 to 11/30/08
SFGH was able to meet staffing ratios in all areas.

Recruitment/Retention/Training/Professional Development
RN Internship Program/New Graduate Training: SFGH Educators and CNS will be working together to re-evaluate training program standards and content under the direction of Leslie Holpit RN, MS, Retention, Recruitment and Training Coordinator. The educator group will develop consistent standards for a house-wide nursing orientation and begin to examine the role of the unit based preceptors in strengthening the clinical competencies of all staff.

Recruitment: On November 21, SFGH hosted a nursing job fair for 18 RN's from Laguna Honda Hospital. This full day event included breakfast and lunch as well as networking opportunities with key administrative nursing staff. Nursing managers presented overviews of their area; follow by tours of the clinical areas. The rest of the day included individual interviews and mandatory exams. At the close of the event, SFGH successfully placed 13 RNs in Medical- Surgical Units, 1 in the Emergency Department, 1 in Critical Care, and 1 in Labor & Delivery. These RNs will begin transitioning into SFGH positions as early as December 1st, starting with the Medical-Surgical training program.

Retention/Professional Development: Two SFGH CNSs (Sheryl Calson and Violeta Quiazon) attended the *Magic in Teaching* conference on November 13 in Burlingame. The conference examined current forces in nursing education, the need to reform the California nursing education system and the need for partnerships between academic and service organizations. New information regarding nursing education (particularly from Oregon) will be utilized in the development of clinical expertise in the SFGH RN staff.

Gordon and Betty Moore Foundation Grant Award
In September 2008, The Moore Foundation awarded SFGH a $4,035,764.00 grant for the development of a transitional care program. The transitional care program targets the 65≥

hospitalized population with strategies to reduce readmissions, improve health outcomes and decrease associated cost. The grant application and research project oversight are lead by Sue Currin RN, COO/CNO and Dr. Jeff Critchfield, MD, Chief of Staff.

Numerous strategies and care models will be incorporated into the patient plan of care including: discharge planning, patient and family education, home visits by home health workers, and follow-up phone communication. The various modalities and combined strategies will be evaluated to determine the most effective plan of care in reducing readmission and improving outcomes.

PES – November 2008
PES had 478 patient encounters during October and 470 in November. PES admitted a total of 150 patients to SFGH inpatient psychiatric units in November 2008, which was up from 139 in October 2008. In November, a total of 320 patients were discharged from PES, with 30 to ADUs, 14 to other psychiatric hospitals and 276 to community/home.

In November, PES was on Condition Yellow for a total of 31.18 hours, which was up from 8.17 hours in October. The average length of Condition Yellow increased in the month of November to 15.59 hours from 8.17 hours in October.

There was a decrease in Condition Red from October to November. PES was on Condition Red for 109.4 hours during 17 episodes in November. The average length of Condition Red was 6.44 hours. In October, PES was on condition Red for 113.63 hours, during 11 episodes, averaging 10.33 hours. The Average length of stay in PES for the month of November was 23.23 hours, which was an increase from 22.45 hours in October.

ED Diversion Report - November 2008
The Emergency Department had a Diversion rate total of 23% (156 hours) for the month of November 2008. The ED had 3,897 patient encounters for the month of November.

During Diversion, the ED held 402 admitted patients waiting for inpatient bed assignment (ICU-10, 4B/5D-201, Med/Surgical-191). During November 2008, the hospital was on Condition Yellow 13% (96 hours).

Commissioners' Comments/Follow-Up Action

- Commissioner Illig recommended partnering with the Department of Aging & Adult Services (DAAS) in the development of a transitional care program. He noted that the Long-Term Care Coordinating Council has expressed an interest in a joint commission meeting with the Health Commission and DAAS.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

Budget Update
The Medical staff leadership continue to work with the hospital executive team to identify strategies to mitigate the impact of budgetary constraints on patient services.

Restriction in Send-out Tests at SFGH/DPH
Dr. Eberhard Fiebig, Chief of Laboratory Medicine presented to MEC a cost reduction initiative to disallow 12 tests from being orderable from the SFGH Clin Lab for a trial period of at least three

months. This initiative is part of the Service's necessary cost savings in the send-out test program. During this period, ordering will only be allowed in special situations to be determined by the Service. Ordering of send-out tests from Emergency Medicine locations will also be disallowed. The initiative will be re-evaluated after three months regarding savings achieved (target of at least $70,000 annualized or 10% of our current annualized send-out test costs) and unintended "collateral" impacts on clinical care, efficiency of clinic, hospital and laboratory operations.

Appointment of New Service Chief of SFGH Medicine Service

Dr. Critchfield informed MEC about the appointment of Neil R. Powe, MD, MPH, MBA, as the new Chief of Medical Services at SFGH, and the Constance B Wofsy Distinguished Professor and vice chairman of the Department of Medicine effective March 2009. Dr. Powe is currently the Distinguished University Service Professor of Medicine in the Department of Medicine at the John Hopkins University School of Medicine. Dr. Powe trained in internal medicine, epidemiology, and health services research, receiving his MD degree from Harvard Medical School, MPH degree from Harvard School of Public Health, and MBA from the University of Pennsylvania. He completed his residency and fellowship at the Hospital of the University of Pennsylvania where he was also a Robert Wood Johnson Clinical Scholar. The appointment will be presented to MEC and JCC for approval.

MEC thanked Hal Yee, MD, PhD for his outstanding performance as the Interim Chief of the Medical Service.

MEC thanked Ted Miclau, MD, Chief of Orthopedics Surgery for running a superb search process.

6) PATIENT PLACEMENT REPORT

Mark Leary, M.D., Deputy Chief, Psychiatry, presented the Psychiatry Patient Placement Report. A wide range of admission procedures and criteria with separate intake staff in different programs makes the discharge process a challenging one. In an effort to facilitate the process of discharging patients of the Acute Inpatient Service to lower levels of care, and to authorize and regulate the use of lower levels of treatment across the continuum of care, DPH established the Placement Team in 2002. The Placement Team reviews all inpatient admissions and authorizes post-hospital levels of care for all patients being discharged to a treatment or residential care bed (including locked sub-acute treatment). Daily Acuity Rounds on the three inpatient units are convened by the SFGH Psychiatry Deputy Chief and include the SFGH Psychiatry Director of Nursing Operations, the Director of Inpatient Social Work, the Coordinator of SFGH Psychiatry Utilization Review, and one or two members of the Placement Team. Acuity Rounds offers a forum to convey information between the SFGH treatment teams and the Placement Team regarding referrals, as well as an opportunity for the SFGH treatment teams to identify barriers to discharge that may be addressed by the Placement Team and SFGH Psychiatry leadership.

Gene O'Connell, Chief Executive Officer, presented the Medical-Surgical Patient Placement Report. The summary report on hard-to-place patients listed the patching range for SNF and board and care home; placement options, including residential care facilities and skilled nursing facilities; and barriers to timely discharge, including clinical complexity, financial issues, exclusion criteria, conservatorship, and housing.

Commissioners' Comments/Follow Up Actions

- Commissioner Chow requested an updated progress report on psychiatric placement issues at the March 2009 SFGH JCC meeting.

7) COMMUNITY ORIENTED PRIMARY CARE UPDATE

Michael Drennan, M.D., Director, COPC, and Lisa Johnson, M.D., Medical Director for Quality Improvement Programs, COPC, presented the COPC Quality Improvement Program 2008 Annual Report. The 2008 focus areas are: primary care data reporting on efficiency and quality; strengthening the QI infrastructure in COPC; innovative practices in primary care; encouraging data driven quality improvement efforts; and spreading the use of the Disease Registry (i2iTracks).

Commissioners' Comments/Follow Up Actions

- Commissioner Chow requested that the COPC QI Program present its QI outcomes report to the SFGH JCC on a yearly basis.

8) CHART PATIENT EXPERIENCE

Sue Schwartz, Performance Improvement Manager, Quality Management, presented the CHART Patient Experience report and the Hospital Consumer Assessment of Healthcare Providers and Systems. Results are publicly reported on www.calhospitalcompare.org. Patients are surveyed on their hospital experience and asked questions about how they would rate the hospital and would they recommend the hospital to friends and family. SFGH internally tracks patient survey data as well as performance measures related to improving the patient experience.

9) PUBLIC COMMENT

None.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 5:15 p.m. Present in the closed session were Commissioner Chow, Commissioner Illig, Commissioner Waters, Jeff Critchfield, M.D., Chief of Medical Staff, Delvecchio Finley, Associate Administrator, Support Services, Myra Garcia, Medical Staff Services, Janet Kosevic, National Patient Safety Goals Coordinator, Sharon Kotabe,Pharmacy Director., Mark Leary, M.D., Deputy Chief, Psychiatry, John Luce, M.D., Chief Medical Officer, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Gene O'Connell, Chief Executive Officer, Marti Paschal, Director of Administrative Operations, Roland Pickens, Associate Administrator,

Diagnostics & Specialty Care, Dan Schwager, Director, Medical Staff Services, Sue Schwartz, Performance Improvement Manager, Quality Management, and Sharon McCole Wicher, Nursing Director, Behavioral Health Services.

C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 10, 2008

Action Taken: The Committee approved the November 10, 2008 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE AND PERFORMANCE IMPROVEMENT

CONSIDERATION OF NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT

D) Reconvene in Open Session

The committee reconvened in open session at 5:35 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Jim Soos
Acting Executive Secretary to the Health Commission

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